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Debtor 1	Christopher	Lance	Roberts	_	
	First Name	Middle Name	Last Name	_	
Debtor 2	Jordan	Gabrielle	Greene		
(Spouse, if filing)	First Name	Middle Name	Last Name	-	
United States Bar Case number	nkruptcy Court for t	the: <u>SOUTHERN D</u>	ISTRICT OF TEXAS	-	Check if this is
(if known)					

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

Do you own or have any legal or equNo. Go to Part 2.Yes. Where is the property?	itable interest in any residence, building, lar	nd, or similar property?		
1.1. 30306 Emerson Creek Dr., Spring, Texas 77386	What is the property? Check all that apply. ✓ Single-family home	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.		
Montgomery County	Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property?	Current value of the entire property? Current value of the portion you own? \$187,820.00 \$187,820.00 Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. Homestead		
	Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about property identification number:			

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Debto	r 1 Christo First Name			Case number (if known) _ 16-	34006	
Texas	Meadow Cree s 77017 Meadow Cree s	k Ln., Houston,	What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and anot	amount of any secured cla Creditors Who Have Clair Current value of the entire property? \$87,700.00 Describe the nature of y interest (such as fee sim entireties, or a life estate Investment Property Check if this is come (see instructions)	Current value of the portion you own? \$87,700.00 our ownership uple, tenancy by the e), if known.	
			own for all of your entries from Part 1, ir	ncluding any	\$275,520.00	
you ov 3. C	wn that someone	else drives. If you leas	le interest in any vehicles, whether they se a vehicle, also report it on Schedule G: E y vehicles, motorcycles		-	
3.1. Make: Model		Ford Flex LTD	Who has an interest in the property? Check one. ✓ Debtor 1 only	Do not deduct secured claims or exemptions. Po amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property		
Year:	ximate mileage:	2013 42,200	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anot	Current value of the entire property? her \$24,175.00	Current value of the portion you own? \$24,175.00	
		(approx. 42200	Check if this is community proper (see instructions)	· · · · · · · · · · · · · · · · · · ·	, , ,	
3.2. Make:		Dodge Ram	Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.		
Year:		2015	Debtor 2 only Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?	
Appro	ximate mileage:	16,000	At least one of the debtors and anot		\$36,575.00	
2015 miles 4. V	Vatercraft, aircr	aft, motor homes, ATV	Check if this is community proper (see instructions) s and other recreational vehicles, other nal watercraft, fishing vessels, snowmobiles	rty vehicles, and accessories		
			own for all of your entries from Part 2, i r Part 2. Write that number here		\$60,750.00	

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Roberts Case number (if known) 16-34006 Debtor 1 Christopher Lance First Name Middle Name Last Name **Describe Your Personal and Household Items** Part 3: Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. Household goods and furnishings 6. Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe..... See continuation page(s). \$1,810.00 **Electronics** Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games \$2,700.00 Yes. Describe..... See continuation page(s). Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles **☑** No Yes. Describe..... Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ☐ No Yes. Describe..... Music Equipment \$1,000.00 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe..... Everyday Clothes and Shoes \$800.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe..... Wedding Ring \$6,000.00 13. Non-farm animals Examples: Dogs, cats, birds, horses Yes. Describe..... Two Dogs \$200.00 14. Any other personal and household items you did not already list, including any health aids you did not list **☑** No Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have \$12,510.00 attached for Part 3. Write the number here.....

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Roberts Case number (if known) _16-34006 Debtor 1 Christopher Lance First Name Middle Name Last Name **Describe Your Financial Assets** Part 4: Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your **☑** No 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No **∀** Yes..... Institution name: 17.1. Checking account: Checking account \$100.00 Compass Bank Acct ending 8427 Other financial account: Other financial account 17.2. Woodforest Bank Acct. ending 0992 \$7.00 17.3. Other financial account: Other financial account **USAA Federal Acct. Ending 0589-2** \$15.00 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts **☑** No Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **☑** No Yes. Give specific information about % of ownership: Name of entity: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. **☑** No Yes. Give specific information about them..... Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans **☑** No Yes. List each account separately. Type of account: Institution name:

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Deb	tor 1	Christopher	Lance	Roberts	Case number (if known) _	16-34	1006	
22.		First Name Ty deposits and presented of all unused designed.		Last Name ade so that you may continue s	service or use from a company			
	compar	les: Agreements wit nies, or others	h landlords, prepai	d rent, public utilities (electric, ç	gas, water), telecommunications			
	✓ No	S		Institution name or individual:				
23.			a specific periodic p		r for life or for a number of years)		
	☑ No							
	_	S				•		
24.		C. §§ 530(b)(1), 529			n, or under a qualified state tuit	ion pro	gram.	
		S	Institution name a	and description. Separately file	the records of any interests. 11	U.S.C.	§ 521(c)	
25.		equitable or future exercisable for yo		erty (other than anything liste	ed in line 1), and rights or			
	✓ No	s. Give specific						
		ormation about them						
26.				ets, and other intellectual proproceeds from royalties and lic				
		s. Give specific						
27.	License	es, franchises, and	other general into	_	dings, liquor licenses, profession	al licen	202	
	No No	co. Building pointing	, 0,010011001100	o, ocoperative accordation not	anigo, nquoi noonooo, professioni	ai 110011	300	
	☐ Yes	s. Give specific ormation about them						
Mor	ney or pi	roperty owed to yo	u?				Current value of	
							portion you own Do not deduct see	
							claims or exempt	ions.
28.	Tax ref	unds owed to you						
	☑ No							
		 Give specific info out them, including v 			F	ederal		0.00
	you	already filed the re	turns		5	State:		0.00
	and	I the tax years			L	_ocal:		0.00
29.	Exampl	support les: Past due or lum	p sum alimony, sp	ousal support, child support, m	aintenance, divorce settlement, p	property	<i>ı</i> settlement	
	✓ No Yes	s. Give specific info	rmation		Alimony:			0.00
					Maintenance	e:		\$0.00
					Support:			00.00
					Divorce settl	ement:		0.00
					Property set	tlement	:: \$	0.00
30.			disability insurance	payments, disability benefits, nefits; unpaid loans you made t	sick pay, vacation pay, workers' o someone else			
	☑ No							
	☐ Yes	s. Give specific info	rmation					

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Deb	tor 1	Christopher	Lance	Roberts	Case number (if known)	16-34006
		First Name	Middle Name	Last Name		
31.		ts in insurance poli les: Health, disability		health savings accoun	t (HSA); credit, homeowner's, or renter's	insurance
	☑ No					
		s. Name the insuran				
		npany of each policy d list its value		ime:	Beneficiary:	Surrender or refund value:
32.	If you a		a living trust, expe		ied insurance policy, or are currently	
	✓ No ☐ Yes	s. Give specific infor	mation			
33.		•		t you have filed a laws nsurance claims, or rigl	uit or made a demand for payment nts to sue	
	✓ No ☐ Yes	s. Describe each cla	im			
34.		contingent and unlice set off claims	quidated claims o	f every nature, includi	ng counterclaims of the debtor and	
	✓ No ☐ Yes	s. Describe each cla	im			
35.	Any fin	ancial assets you o	lid not already lis	t		
	✓ No ☐ Yes	s. Give specific infor	mation			
36.			-	_	ny entries for pages you have	→ \$122.00
Pá	art 5:	Describe Any B	usiness-Relat	ed Property You C	Own or Have an Interest In. Lis	t any real estate in Part 1.
37.	Do you	own or have any le	egal or equitable i	interest in any busines	ss-related property?	
	-	Go to Part 6.		·		
	Yes	s. Go to line 38.				
						Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accou	nts receivable or co	mmissions you a	Iready earned		
	☑ No					
	☐ Yes	s. Describe				
39.			•		copiers, fax machines, rugs, telephones	;,
	✓ No ☐ Yes	s. Describe				
40.	Machin	ery, fixtures, equip	ment, supplies yo	ou use in business, an	d tools of your trade	
	✓ No ☐ Yes	s. Describe				
41.	Invento	ory				
	✓ No ☐ Yes	s. Describe				
42.	Interes	ts in partnerships o	or joint ventures			
	☑ No					
		s. Describe Nam	ne of entity:		% of owners	ship:

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Deb		Christopher First Name	Lance Middle Name	Roberts Last Name	Case number (if known)	16-34006
43.			ists, or other com			
	✓ No ☐ Yes.	Do your lists in No Yes. Descr		dentifiable information (as	s defined in 11 U.S.C. § 101(41A))?	
44.	Any bus	iness-related pro	operty you did not	already list		
	✓ No ☐ Yes.	Give specific inf	ormation.			
45.				rom Part 5, including any	entries for pages you have	→ \$0.00
Pa				nmercial Fishing-Rela n farmland, list it in Part	nted Property You Own or Ha	ave an Interest In.
46.	Do you o	own or have any	legal or equitable	interest in any farm- or co	ommercial fishing-related property	?
	سخا	Go to Part 7. Go to line 47.				
	_					Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm and Example		ıltry, farm-raised fis	h		·
	✓ No ☐ Yes					
48.	Cropse	ither growing or	r harvested			
		Give specific mation				
49.	Farm and	d fishing equipm	nent, implements,	machinery, fixtures, and to	ools of trade	
	No Yes					
50.	Farm an	d fishing supplie	es, chemicals, and	feed		
	✓ No ☐ Yes					
51.	Any farm	n- and commerci	ial fishing-related	property you did not alrea	dy list	
		Give specific mation				
52.				rom Part 6, including any e	entries for pages you have	→ \$0.00
Pá	art 7: D	escribe All P	roperty You Ov	wn or Have an Interes	t in That You Did Not List Al	oove
53.	-		erty of any kind yo s, country club mem	u did not already list? bership		
	✓ No ☐ Yes.	Give specific inf	ormation.			
54.	Add the	dollar value of a	ll of your entries f	rom Part 7. Write that nun	nher here	\$0.00

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Debtor 1	Christopher	Lance	Roberts	Case nu	ımber (if known)	16-34006	
	First Name	Middle Name	Last Name				
Part 8	l ist the Totals	of Each Part of	this Form				
r art o.	List the Totals	OI Lacii i ait oi	uns i oim				
55. Part 1	: Total real estate,	line 2				→	\$275,520.00
56. Part 2	: Total vehicles, lin	ne 5		\$60,750.00			
57. Part 3	: Total personal an	d household items,	line 15	\$12,510.00			
58. Part 4	: Total financial as	sets, line 36		\$122.00			
59. Part 5	: Total business-re	lated property, line	45	\$0.00			
60. Part 6	: Total farm- and fi	shing-related prope	rty, line 52	\$0.00			
61. Part 7	: Total other prope	rty not listed, line 5	4	+\$0.00			
62. Total	personal property.	Add lines 56 throu	gh 61	\$73,382.00	Copy personal property total	→ +	\$73,382.00
63. Total	of all property on S	schedule A/B. Ad	d line 55 + line 62.				\$348,902.00

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Case number (if known) 16-34006

Roberts

Debtor 1

Christopher

Lance

First Name Middle Name Last Name Household goods and furnishings (details): Refrigerator \$250.00 **Two Leather Couches** \$200.00 Two Media stands \$200.00 One Desk \$80.00 Two Office chairs 2 console tables/cabinets \$50.00 Dining room table with four chairs \$100.00 Stove/Oven \$250.00 King bed and mattress \$150.00 Full bed frame and mattress \$50.00 Twin bed and mattress \$40.00 One toddler bed and mattress \$50.00 Four dressers \$250.00 Three nightstands \$60.00 Patio set \$60.00 Two bar stools \$20.00 Electronics (details): **Washer and Dryer** \$400.00 Dishwasher \$250.00 Three TV's \$800.00 **Two Cameras** \$600.00 **Personal Computer and monitor** \$150.00 **Laptop Computer** \$100.00 **Four Tablets** \$400.00

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Fill in this in	formation to ide	entify your case	:
Debtor 1	Christopher First Name	Lance Middle Name	Roberts Last Name
Debtor 2	Jordan	Gabrielle	Greene
(Spouse, if filing)	,	Middle Name	Last Name
United States Da	inkrupicy Court for t	ne. <u>Southern D</u>	ISTRICT OF TEXAS
Case number	16-34006		

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

2. For any property you list on Schedule A/B th	U.S.C. § 522(b)(2) hat you claim as exen	11 U.S.C. § 522(b)(3) mpt, fill in the information	below.
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description: 30306 Emerson Creek Dr., Spring Line from Schedule A/B: 1.1	\$187,820.00	\$63,294.50 100% of fair market value, up to any applicable statutory limit	Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001002
Brief description: 2013 Ford Flex LTD (approx. 42200 miles) Line from Schedule A/B:3.1	\$24,175.00	\$0.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)
	\$36,575.00	\$0.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)
2015 Dodge Ram (approx. 16000 miles) Line from Schedule A/B: 3.2 3. Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 No Yes. Did you acquire the property covered No Yes	f more than \$160,375 ? years after that for cas	100% of fair market value, up to any applicable statutory limit reses filed on or after the date	42.002(a)(9) of adjustment.)

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Part 2: Additional Page				
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B		eck only one box for h exemption	
Brief description: Refrigerator	\$250.00	V	\$250.00	Tex. Prop. Code §§ 42.001(a),
Line from Schedule A/B:6			100% of fair market value, up to any applicable statutory limit	42.002(a)(1)
Brief description:	\$200.00	Ø	\$200.00	Tex. Prop. Code §§ 42.001(a),
Two Leather Couches Line from Schedule A/B:6			100% of fair market value, up to any applicable statutory limit	42.002(a)(1)
Brief description: Two Media stands	\$200.00	☑	\$200.00 100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B:6			value, up to any applicable statutory limit	ν,,
Brief description:	\$80.00	Ø	\$80.00	Tex. Prop. Code §§ 42.001(a),
One Desk Two Office chairs			100% of fair market value, up to any	42.002(a)(1)
Line from Schedule A/B:6			applicable statutory limit	
Brief description: 2 console tables/cabinets	\$50.00	Ø	\$50.00 100% of fair market	Tex. Prop. Code §§ 42.001(a),
Line from Schedule A/B:6			value, up to any applicable statutory limit	42.002(a)(1)
Brief description: Dining room table with four chairs	\$100.00	Ø	\$100.00 100% of fair market	Tex. Prop. Code §§ 42.001(a),
Line from Schedule A/B:6		Ц	value, up to any applicable statutory limit	42.002(a)(1)
Brief description: Stove/Oven	\$250.00	Ø	\$250.00 100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B:6			value, up to any applicable statutory limit	42.302(a)(1)
Brief description: King bed and mattress	\$150.00	Ø	\$150.00	Tex. Prop. Code §§ 42.001(a),
Line from Schedule A/B: 6			100% of fair market value, up to any applicable statutory limit	42.002(a)(1)
Brief description: Full bed frame and mattress	\$50.00		\$50.00 100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B:6		Ц	value, up to any applicable statutory limit	

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Part 2: Additional Page				
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B		eck only one box for h exemption	
Brief description: Twin bed and mattress	\$40.00		\$40.00 100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B:6			value, up to any applicable statutory limit	
Brief description: One toddler bed and mattress	\$50.00	Ø	\$50.00 100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B:6			value, up to any applicable statutory limit	
Brief description: Four dressers	\$250.00		\$250.00 100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B:6			value, up to any applicable statutory limit	
Brief description: Three nightstands	\$60.00	<u> </u>	\$60.00 100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B:6			value, up to any applicable statutory limit	(// /
Brief description: Patio set	\$60.00	\square	\$60.00 100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B:6			value, up to any applicable statutory limit	
Brief description: Two bar stools	\$20.00		\$20.00 100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B:6			value, up to any applicable statutory limit	(// /
Brief description: Washer and Dryer	\$400.00	V	\$400.00 100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 7			value, up to any applicable statutory limit	
Brief description: Dishwasher	\$250.00	<u> </u>	\$250.00 100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B:7		Ш	value, up to any applicable statutory limit	,
Brief description: Three TV's	\$800.00	<u> </u>	\$800.00 100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 7		_	value, up to any applicable statutory limit	

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Part 2: Additional Page			
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description: Two Cameras	\$600.00	\$600.00 100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 7		value, up to any applicable statutory limit	
Brief description: Personal Computer and monitor	\$150.00	\$150.00 100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 7		value, up to any applicable statutory limit	
Brief description: Laptop Computer	\$100.00	\$100.00 100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 7		value, up to any applicable statutory limit	
Brief description: Four Tablets	\$400.00	\$400.00 100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 7		value, up to any applicable statutory limit	
Brief description: Music Equipment	\$1,000.00	\$1,000.00 100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B:9		value, up to any applicable statutory limit	
Brief description: Everyday Clothes and Shoes	\$800.00	\$800.00 100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(5)
Line from Schedule A/B:11		value, up to any applicable statutory limit	
Brief description: Wedding Ring	\$6,000.00	\$6,000.00 100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(6)
Line from Schedule A/B: 12		value, up to any applicable statutory limit	
Brief description: Two Dogs	\$200.00	\$200.00 100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(11)
Line from Schedule A/B:13		value, up to any applicable statutory limit	.,,

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Fill in this inf	ormation to ider	ntify your case:				
Debtor 1	Christopher	Lance	Roberts			
20010. 1	First Name	Middle Name	Last Name			
Debtor 2	Jordan	Gabrielle	Greene			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	akruptov Court for the	e: SOUTHERN DIS	TRICT OF TEYAS			
		o. OOOTHERN DIO	TRIOT OF TEXAS			
Case number (if known)	16-34006				☐ Check if this is	s an
(ii iiiioiiii)					amended filing	9
Official Form	106D					
Schedule D:	Creditors W	ho Have Clair	ns Secured by	/ Property		12/15
correct informatio On the top of any 1. Do any credit No. Che Yes. Fill Part 1: Lis 2. List all securclaim, list the creditor has a	n. If more space is additional pages, we core have claims seed this box and submin all of the information of the claims. If a credit creditor separately for particular claim, list the claims in	needed, copy the A rite your name and ocured by your prope nit this form to the couon below.	dditional Page, fill it case number (if known rty? Int with your other school e secured than one Part 2. As	out, number the entri vn).	ly responsible for supes, and attach it to this es, and attach it to this hing else to report on this column B Value of collateral that supports this claim	s form.
2.1		Describe the p		¢cc 754 00	\$87,700.00	
Ditech Financial	Lic	secures the cla		\$66,751.00	Ψ07,700.00	
Creditor's name		— 5734 Meadow	V Creek Lane			
332 Minnesota S	St Ste 610					
		As of the date	you file, the claim is:	Check all that apply.		
		Contingent				
Saint Paul City	MN 55101 State ZIP Code	Unliquidate	d			
Who owes the det		Disputed	2			
Debtor 1 only	M: Check one.		Check all that apply.			
Debtor 2 only		_		s mortgage or secured	car ioan)	
Debtor 1 and D	ebtor 2 only		en (such as tax lien, m	iecnanic's lien)		
ш	the debtors and anot	ther 📛 🦡	en from a lawsuit			
☐ Check if this o		Other (Incid	iding a right to offset) Onal Real Estate M	ortgage		
to a communit		30	Lotato III	9~9~		
Date debt was inc	urred <u>05/2007</u>	Last 4 digits of	account number	8 5 2 4		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$66,751.00

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Case number (if known) _16-34006 Debtor 1 Christopher Lance Roberts First Name Middle Name Last Name Column B Column C Column A Additional Page Amount of claim Value of collateral Unsecured Part 1: After listing any entries on this page, number them Do not deduct the that supports this portion sequentially from the previous page. value of collateral If any claim Describe the property that 2.2 \$51,269.00 \$27,094.00 \$24,175.00 secures the claim: **Ford Motor Credit** 2013 Ford Flex LTD (approx. Creditor's name 42200 miles) PO Box 62180 Number Street As of the date you file, the claim is: Check all that apply. Contingent Colorado Springs CO 80962 Unliquidated П ZIP Code Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only \square An agreement you made (such as mortgage or secured car loan) Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only Judgment lien from a lawsuit At least one of the debtors and another Other (including a right to offset) $\overline{\mathbf{M}}$ Check if this claim relates **Automobile** to a community debt Date debt was incurred Last 4 digits of account number 1 7 9 01/2013 Describe the property that 2.3 \$1,351.50 \$187,820.00 secures the claim: **Property Owner's Association Legen** 30306 Emerson Creek Dr., Spring PO Box 803555 Number Street As of the date you file, the claim is: Check all that apply. Contingent **Dallas** 75380-3555 TX Unliquidated П ZIP Code Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured car loan) Debtor 2 only П Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only Judgment lien from a lawsuit At least one of the debtors and another Other (including a right to offset) $\overline{\mathbf{Q}}$ Check if this claim relates HOA to a community debt

Add the dollar value of your entries in Column A on this page. Write that number here:

\$52,620.50

3 1 7 5

Date debt was incurred

Last 4 digits of account number

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Debtor 1	Christophe	r Lance	Roberts	Case number (if	known) 16-34006	
	First Name	Middle Nar	me Last Name		· -	
Part 1:		•	this page, number them ous page.	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.4			Describe the property that secures the claim:	\$123,174.00	\$187,820.00	
			30306 Emerson Creek Dr., Spring			
Debtor Debtor Debtor At least	2 only 1 and Debtor 2 t one of the deb if this claim re	eck one. only otors and another	As of the date you file, the claim is Contingent Unliquidated Disputed Nature of lien. Check all that apply An agreement you made (such Statutory lien (such as tax lien, Judgment lien from a lawsuit Other (including a right to offset FHA Real Estate Mortgage	y. as mortgage or secured mechanic's lien)	car loan)	
	mmunity debt was incurred	06/2015	Last 4 digits of account number	5 5 9 9		
2.5			Describe the property that secures the claim:	\$59,599.00	\$36,575.00	\$23,024.00
Creditor's nar	ne	USA/Chrysler (2015 Dodge Ram (approx. 16000 miles)			
Debtor Debtor Debtor At least Check to a co	State the debt? Ch 1 only 2 only 1 and Debtor 2 t one of the debt if this claim re- mmunity debt	eck one. only otors and another	As of the date you file, the claim is Contingent Unliquidated Disputed Nature of lien. Check all that apply An agreement you made (such Statutory lien (such as tax lien, Judgment lien from a lawsuit Other (including a right to offset Automobile	y. as mortgage or secured mechanic's lien)	car loan)	
Date debt v	was incurred	06/2015	Last 4 digits of account number	1 0 0 0		

 $\mbox{\sc Add}$ the dollar value of your entries in Column A on this page. Write that number here:

\$182,773.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$302,144.50

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Debtor 1 Christopher Lance Roberts Case number (if known) 16-34006 First Name Middle Name Last Name Part 2: List Others to Be Notified for a Debt That You Already Listed Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. Property Owners Association Legends Ranc On which line in Part 1 did you enter the creditor? 2.3 C/O RealManage Last 4 digits of account number Number Street 2633 McKinney Ave. #130-502 75204-2581 **Dallas** TX City State ZIP Code 2 On which line in Part 1 did you enter the creditor? **RMWBH** 2.3 c/o Clinton F. Brown Last 4 digits of account number 0 0 7 4 Number Street 2800 Post Oak Blvd., Suite 5777 77056 Houston TX

State

ZIP Code

City

	Case 16-34	006 Doc	ument 17 Filed	d in TXSB	on 08/24/16	Page 18 of	71
Fill in this inf	ormation to ide	ntify your ca	ase:				
Debtor 1	Christopher First Name	Lance Middle Name	Roberts Last Name	_			
Debtor 2 (Spouse, if filing)	Jordan First Name	Gabrielle Middle Name	Greene Last Name				
United States Bar	nkruptcy Court for th	e: SOUTHER	N DISTRICT OF TE	XAS			
Case number (if known)	16-34006			_		Check if this is a amended filing	an
Official Form		NA/l o a 11 a	. Has a second of	1-:			40/4=
Schedule E/	F: Creditors	who Have	Unsecured C	laims			12/15
on Schedule A/B: Do not include an If more space is n to this page. On t	Property (Official F y creditors with pa eeded, copy the Pa	form 106A/B) a rtially secured irt you need, fi onal pages, w	acts or unexpired lease and on Schedule G: E claims that are listed II it out, number the e rite your name and ca	xecutory Conti in Schedule D ntries in the bo	racts and Unexpire D: Creditors Who H Dixes on the left. A	ed Leases (Officia fold Claims Secur	l Form 106G). ed by Property.
1. Do any credit	ors have priority u	nsecured clain	ns against you?				
☐ No. Go t ☑ Yes.	o Part 2.						
claim. For ea show both pric more space is	ch claim listed, ident ority and nonpriority	ify what type of amounts. As m unsecured clain	creditor has more than claim it is. If a claim h uch as possible, list th ns, fill out the Continua	nas both priority e claims in alph	and nonpriority ame nabetical order acco	ounts, list that clai rding to the credit	m here and or's name. If
(For an explar	nation of each type o	f claim, see the	instructions for this fo	rm in the instruc	tion booklet. Total claim	Priority amount	Nonpriority amount
2.1					\$1,825.00	\$1,825.00	\$0.00
Woodlands Ban			Last 4 digits of acco	unt number			
Priority Creditor's Nam 46 Trillibng Bird Number Street			When was the debt i	ncurred? 08	8/04/2016		
			As of the date you fi Contingent	le, the claim is	: Check all that app	bly.	
The Woodlands		7384 Code	Unliquidated Disputed				
Who incurred the ☐ Debtor 1 only	debt? Check one		Type of PRIORITY up		1:		
Debtor 2 only Debtor 1 and D	ebtor 2 only the debtors and and	other	Claims for death	n other debts yo	ou owe the governm ry while you were	ent	
Ш	claim is for a comm		intoxicated Other. Specify	iou Aloio oo			

Official Form 106E/F

Is the claim subject to offset?

✓ No Yes

Attorney fees for this case

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Debtor 1	Christopher	Lance	Roberts	Case number (if known)	16-34006
	First Name	Middle Name	Last Name		
Part 2:	List All of Yo	our NONPRIOR	TY Unsecured Claims	s	
			al alabara a mala atau a O		
		•	ed claims against you?		
ш.		g to report in this pa	irt. Submit this form to the o	court with you other schedules.	
⊘ Y	es es				
If a cre type o	editor has more than of claim it is. Do not	one nonpriority uns list claims already ir	secured claim, list the credit ncluded in Part 1. If more th	r of the creditor who holds each of or separately for each claim. For ea an one creditor holds a particular cl the Continuation Page of Part 2.	ach claim listed, identify what
					Total claim
4.1					\$1,245.12
Alliance C			Last 4 digits of accou	nt number <u>7 5 5 6</u>	
	reditor's Name et Rd., Suite 300		When was the debt in	curred?	
Number	Street		As of the date you file	, the claim is: Check all that apply	
			Contingent		
			Unliquidated Disputed		
Trevose	P.A				
City Who incur	Sta red the debt? Ch	ite ZIP Code eck one.	Type of NONPRIORIT	Y unsecured claim:	
Debtor		one.	Student loans	out of a concretion agreement or di	Norse.
Debtor	2 only			out of a separation agreement or di port as priority claims	vorce
_	1 and Debtor 2 only			r profit-sharing plans, and other sim	ilar debts
ш	t one of the debtors		Other. Specify		
_	if this claim is for a	-	Collecting for -C	Capital One Bank	
	n subject to offset?	•			
✓ No ☐ Yes					
ш	Reference : XXXX	(X2496			
4.2					\$3,503.25
American			Last 4 digits of accou	nt number <u>1 0 0 5</u>	
Correspo	reditor's Name		When was the debt in	curred?	
Number	Street			, the claim is: Check all that apply	
PO Box 9	81540		☐ Contingent ☐ Unliquidated		
			Disputed		
El Paso	TX Sta		— <u> </u>		
City Who incur		eck one.	Type of NONPRIORIT	Y unsecured claim:	
Debtor			Student loans Obligations arising	out of a separation agreement or di	vorce
Debtor	,			out of a separation agreement of di port as priority claims	VOICE
	1 and Debtor 2 only			r profit-sharing plans, and other sim	ilar debts
_	t one of the debtors		Other. Specify		
_	if this claim is for a	-	Credit Card		
	n subject to offset?	•			
✓ No Yes					

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Debtor 1

Christopher First Name Lance Middle Name Roberts Last Name

Part 2: Your NONPRIORITY Unsecure	ed Claims Continuation Page	
After listing any entries on this page, number then previous page.	n sequentially from the	Total claim
4.3		\$3,580.00
Amex	Last 4 digits of account number 8 0 0 3	
Nonpriority Creditor's Name	When was the debt incurred? 07/1999	
Correspondence Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 981540	Contingent	
	Unliquidated Disputed	
El Paso TX 79998	Disputed	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
✓ No ☐ Yes		
4.4		\$3,723.00
Barclays Bank Delaware	Last 4 digits of account number 3 9 2 0	
Nonpriority Creditor's Name PO Box 8801	When was the debt incurred? 06/2008	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	☐ Unliquidated ☐ Disputed	
Wilmington DE 19899		
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	☐ Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
☑ No □ Yes		
4.5		\$779.00
Barclays Bank Delaware	Last 4 digits of account number 1 6 1 3	
Nonpriority Creditor's Name PO Box 8801	When was the debt incurred? 06/2006	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated	
Wilmington DE 19899	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	✓ Other. Specify	
☐ Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
☑ No ☐ Yes		

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Part 2: Your NONPRIORITY Unsecure	ed Claims Continuation Page	
After listing any entries on this page, number them previous page.	n sequentially from the	Total claim
4.6		\$2,235.00
Capital One	Last 4 digits of account number 1 3 3 8	
Nonpriority Creditor's Name PO Box 30285	When was the debt incurred? 05/2011	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 62180	Contingent	
	☐ Unliquidated ☐ Disputed	
Salt Lake City UT 84130		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a separation agreement or diverse	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset? ☑ No ☐ Yes		
In collections/Portfolio Recovery Associates		
4.7		\$680.00
Capital One	Last 4 digits of account number 0 5 2 5	
Nonpriority Creditor's Name PO Box 30285	When was the debt incurred? 04/2015	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 62180	Contingent	
	☐ Unliquidated ☐ Disputed	
Salt Lake City UT 84130		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
☑ No □ Yes		
4.8		\$4,386.00
Chase Card Services	Last 4 digits of account number 6 5 5 7	
Nonpriority Creditor's Name	When was the debt incurred? 09/2007	
Attn: Correspondence Dept Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 15298	Contingent	
	Unliquidated	
Wilmington DE 19850	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
✓ No Yes		

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Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.9		\$678.00
Chase Card Services	Last 4 digits of account number 1 7 8 9	
Nonpriority Creditor's Name	When was the debt incurred? 08/2004	
Attn: Correspondence Dept Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 15298	_ Contingent	
	Unliquidated	
Wilmington DE 19850	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?	3.54.1.54.14	
☑ No		
Yes		
4.10		
		\$5,740.00
Citibank/Best Buy Nonpriority Creditor's Name	_ Last 4 digits of account number <u>6 8 5 7</u>	
Centralized Bankruptcy/CitiCorp Credit S	When was the debt incurred? 10/2010	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 790040	_	
	Disputed	
St Louis MO 63179		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
No Vos		
Yes		
4.11		\$1,674.00
Compass Bank/BBVA Compass Bk	Last 4 digits of account number 4 3 1 1	Ψ1,014.00
Nonpriority Creditor's Name	When was the debt incurred? 10/2009	
Attn:Bankruptcy Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 10566	Contingent	
	Unliquidated	
Pirmingham Al 25206	Disputed	
Birmingham AL 35296 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset? ✓ No		
Yes		

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Debtor 1

Christopher First Name Lance Middle Name Roberts Last Name

Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.12		\$794.00
Credit First/CFNA	Last 4 digits of account number 4 2 1 7	
Nonpriority Creditor's Name BK13 Credit Operations	When was the debt incurred? 12/2014	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 818011	_	
	Disputed	
Cleveland OH 44181 City State ZIP Code	Tune of NONDRIORITY uncestimed element	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Charge Account	
Is the claim subject to offset?		
☑ No		
Yes		
In collections/McCarthyBurgessWolff		
4.13		\$1,483.00
Credit One Bank Na	Last 4 digits of account number 2 2 3 8	
Nonpriority Creditor's Name PO Box 98873	When was the debt incurred? 03/2013	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	□ Unliquidated □ □ Disputed	
Las Vegas NV 89193		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?	Credit Card	
✓ No		
Yes		
4.14		* ***********************************
	Last 4 digits of account number 4 5 0 2	\$608.00
EGS Financial Care, Inc. Nonpriority Creditor's Name	Last 4 digits of account number 4 5 0 2 When was the debt incurred?	
4740 Baxter Rd. Number Street	As of the date you file, the claim is: Check all that apply.	
Number Street	Contingent	
	Unliquidated	
Virginia Beach VA 23462	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Collecting for -PayPal Smart	
Is the claim subject to offset?		
☑ No □ Yes		

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Debtor 1

Christopher First Name Lance Middle Name Roberts Last Name

Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number ther previous page.	n sequentially from the	Total claim
4.15		\$935.00
First Premier Bank	Last 4 digits of account number 6 3 2 0	· · · · · · · · · · · · · · · · · · ·
Nonpriority Creditor's Name	When was the debt incurred? 09/2015	
Number Street Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Sioux Falls SD 57104		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset? No		
✓ No ☐ Yes		
4.16		\$250.00
IC Systems, Inc Nonpriority Creditor's Name	Last 4 digits of account number 5 0 0 1	
444 Highway 96 East	When was the debt incurred? 05/2015	
Number Street PO Box 64378	As of the date you file, the claim is: Check all that apply.	
10 80% 04070	_	
0/ D 1 1 1 1 1 1 1 1 1	Disputed	
St Paul MN 55164 City State ZIP Code	Tune of NONDRIORITY unrequired eleims	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check if this claim is for a community debt	Collecting for -SETON DELL CHILDREN S	
Is the claim subject to offset?		
☑ No		
Yes		
4.17		\$1,893.00
Lending Club Corp	Last 4 digits of account number 6 4 8 3	Ψ1,030.00
Nonpriority Creditor's Name	When was the debt incurred? 05/2015	
71 Stevenson St Number Street	As of the date you file, the claim is: Check all that apply.	
Suite 300	Contingent	
	Unliquidated	
San Francisco CA 94105	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Unsecured	
Is the claim subject to offset?		
✓ No Yes		

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Debtor 1

Christopher First Name Lance Middle Name Roberts Last Name

Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number ther previous page.	m sequentially from the	Total claim
4.18		\$1,237.00
Merrick Bank/Geico Card	Last 4 digits of account number 7 0 8 8	
Nonpriority Creditor's Name PO Box 23356	When was the debt incurred? 11/2015	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent ☐ Unliquidated	
	□ Disputed	
Pittsburg PA 15222 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
No You		
Yes		
4.19		\$1,317.00
Midland Funding	Last 4 digits of account number 1 9 8 4	
Nonpriority Creditor's Name 2365 Northside Dr	When was the debt incurred? 05/2012	
Number Street	As of the date you file, the claim is: Check all that apply.	
Suite 300	_ ☐ Contingent ☐ Unliquidated	
	Disputed	
San Diego CA 92108 City State ZIP Code	Type of NONDDIODITY upgestured eleims	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Collecting for -GE MONEY BANK	
Is the claim subject to offset?	·	
✓ No Yes		
4.20		\$480.00
Millennium Financial G	Last 4 digits of account number <u>5</u> <u>9</u> <u>1</u> <u>6</u>	
Nonpriority Creditor's Name 3000 United Founders Blv	When was the debt incurred? 12/2012	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_	
	Disputed	
Oklahoma City OK 73112 City State ZIP Code		
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Collecting for -HSBC BEST BUY CO BRAND	
Is the claim subject to offset?		
✓ No Yes		

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Debtor 1

Christopher First Name Lance Middle Name Roberts

Last Name

Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	n sequentially from the	Total claim
4.21		\$4,464.00
Navient	Last 4 digits of account number 1 0 0 5	Ψ+,+0+.00
Nonpriority Creditor's Name	When was the debt incurred? 10/2006	
Attn: Claims Dept Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 9500	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Wilkes-Barr PA 18773		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations origing out of a congretion agreement or diverse	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt		
Is the claim subject to offset? ✓ No		
Yes		
4.22		\$2,522.00
Navient Nonpriority Creditor's Name	_ Last 4 digits of account number 1 0 0 5	
Attn: Claims Dept	When was the debt incurred? 10/2006	
Number Street PO Box 9500	As of the date you file, the claim is: Check all that apply.	
10 Box 0000	_	
NASHraa Dawa DA 40772	Disputed	
Wilkes-Barr PA 18773 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Cities. Opecity	
Is the claim subject to offset?		
☑ No		
Yes		
4.23		\$1,472.00
Navient	Last 4 digits of account number 0 6 2 6	
Nonpriority Creditor's Name	When was the debt incurred? 06/2007	
Attn: Claims Dept Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 9500	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Wilkes-Barr PA 18773		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a congration agreement or diverse	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt		
Is the claim subject to offset? No		
☑ No ☐ Yes		

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Debtor 1

Christopher First Name Lance Middle Name Roberts Last Name

Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.24		\$1,231.00
Navient Nonpriority Creditor's Name Attn: Claims Dept Number Street PO Box 9500	Last 4 digits of account number 0 1 7 7 When was the debt incurred? 01/2003 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	V1,201133
Wilkes-Barr PA 18773 City State ZIP Code Who incurred the debt? Check one. □ Debtor 1 only ☑ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ☑ No □ Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
4.25		\$170.00
Nonpriority Creditor's Name	Last 4 digits of account number 0 6 2 6	
Attn: Claims Dept	When was the debt incurred? 06/2007	
Number Street PO Box 9500	As of the date you file, the claim is: Check all that apply. ☐ Contingent	
	Unliquidated	
Wilkes-Barr PA 18773	Disputed	
City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
4.26		\$518.25
Northland Group, Inc Nonpriority Creditor's Name PO Box 390846 Number Street	Last 4 digits of account number 7 3 3 6 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	
Minneapolis MN 55439	Disputed	
City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collecting for -Capital One Kohls	
2375		

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Debtor 1

Christopher First Name Lance Middle Name Roberts Last Name

Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.27		\$449.00
Pinnacle Credit Services	Last 4 digits of account number 6 3 2 1	
Nonpriority Creditor's Name	When was the debt incurred? 12/2013	
PO Box 640 Number Street	As of the date you file, the claim is: Check all that apply.	
Number Street	Contingent	
	Unliquidated	
Hopkins MN 55343	Disputed	
Hopkins MN 55343 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?	Collecting for -VERIZON WIRELESS	
No		
Yes		
4.28		\$1,646.00
Portfolio Recovery	_ Last 4 digits of account number0203_	
Nonpriority Creditor's Name PO box 41067	When was the debt incurred? 12/2013	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Norfolk VA 23541	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Collecting for -CAPITAL ONE BANK USA NA	
Is the claim subject to offset?	Concerning for FOALTTAL ONE BANK COATRA	
✓ No		
Yes		
4.29		
		\$791.00
Portfolio Recovery Nonpriority Creditor's Name	_ Last 4 digits of account number _ 3 _ 6 _ 7 _ 2	
PO box 41067	When was the debt incurred? 12/2013	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	□ Unliquidated □ □ Disputed	
Norfolk VA 23541		
City State ZIP Code Who incurred the debt? Check one	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Collecting for -CAPITAL ONE BANK USA NA	
Is the claim subject to offset?	-	
☑ No		
Yes		

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Debtor 1

Christopher First Name

Lance Middle Name

Roberts Last Name

Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.30		\$2,073.02
Portfolio Recovery Associates, LLC	Last 4 digits of account number 0 2 0 3	
Nonpriority Creditor's Name	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Norfolk VA 23502	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Collecting for -Capital One Bank	
Is the claim subject to offset?		
No Voo		
Yes		
4.31		\$278.62
Sunrise Credit Services	Last 4 digits of account number 1 7 0 4	4270.02
Nonpriority Creditor's Name	When was the debt incurred?	
PO Box 9100 Number Street	As of the date you file, the claim is: Check all that apply.	
- Stock	_ ☐ Contingent	
	Unliquidated	
Farmingdale NY 11735-9100	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Collecting for -ATT&T U Verse	
Is the claim subject to offset?		
☑ No		
Yes		
J1025350009		
4.32		\$1,585.00
Syncb/Rooms To Go	Last 4 digits of account number 5 8 9 3	Ψ1,000.00
Nonpriority Creditor's Name	When was the debt incurred? 05/2014	
Attn: Bankruptcy Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 103104	Contingent	
	Unliquidated	
Roswell GA 30076	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	✓ Other. Specify Charge Account	
Is the claim subject to offset?	gg	
☑ No		
☐ Yes		

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Debtor 1

Christopher	Lance	Roberts	Case number (if known)	16-34006
First Name	Middle Name	Last Name		

Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.33		\$678.00
Synchrony Bank	Last 4 digits of account number 0 6 8 4	
Nonpriority Creditor's Name PO Box 965064	When was the debt incurred? 08/2014	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	☐ Unliquidated ☐ Disputed	
Orlando FL 32896		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?	Charge Account	
No No		
Yes		
4.34		\$1,373.00
Synchrony Bank/ HH Gregg	Last 4 digits of account number <u>5</u> <u>7</u> <u>2</u> <u>4</u>	
Nonpriority Creditor's Name PO Box 965064	When was the debt incurred? 01/2014	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Orlando FL 32896		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
-	Other. Specify	
Check if this claim is for a community debt Is the claim subject to offset?	Charge Account	
No No		
Yes		
4.35		\$4,700.00
Synchrony Bank/Amazon	Last 4 digits of account number <u>5</u> <u>5</u> <u>5</u> <u>7</u>	· ·
Nonpriority Creditor's Name PO Box 965064	When was the debt incurred? 11/2013	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Orlando FL 32896		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a congration agreement or diverse	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Charge Account	
Is the claim subject to offset?		
✓ No Yes		

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Debtor 1

Christopher First Name Lance Middle Name Roberts Last Name

Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.36		\$1,021.00
Synchrony Bank/Amazon	Last 4 digits of account number 0 7 8 6	
Nonpriority Creditor's Name	When was the debt incurred? 07/2015	
PO Box 965064 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Orlando FL 32896		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Charge Account	
Is the claim subject to offset? ✓ No		
Yes		
4.37		\$5,330.00
Synchrony Bank/Gap	Last 4 digits of account number4378	
Nonpriority Creditor's Name PO Box 965064	When was the debt incurred? 11/2012	
Number Street	As of the date you file, the claim is: Check all that apply.	
	□ Contingent □ Unliquidated	
	Disputed	
Orlando FL 32896 City State ZIP Code	— Tarana (NONDRIORITY are a consideration	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: ☐ Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt	✓ Other. Specify Credit Card	
Is the claim subject to offset?	Credit Card	
No No		
Yes		
4.38		* 7 2 2 2 2 2 3 2 3 3 3 3 3 3 3 3 3 3
	Last 4 digits of account number 1 5 5 8	\$5,732.00
Synchrony Bank/Lowes Nonpriority Creditor's Name	- 	
PO Box 965064	When was the debt incurred? 03/2013 As of the date you file, the claim is: Check all that apply.	
Number Street	_ ☐ Contingent	
	Unliquidated	
Orlando FL 32896	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Charge Account	
Is the claim subject to offset?		
☑ No ☐ Yes		
□ ''''		

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Debtor 1

Christopher First Name Lance Middle Name Roberts Last Name

Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number ther previous page.	n sequentially from the	Total claim
4.39		\$118.79
Texas Children's Pediatrics	Last 4 digits of account number 9 5 4 5	<u> </u>
Nonpriority Creditor's Name	When was the debt incurred?	
PO box 841969 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Dallas TX 75284-1969	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Services Rendered	
Is the claim subject to offset?		
✓ No ☐ Yes		
4.40		\$44.23
Texas Children's Urgent Care	Last 4 digits of account number 6 8 5 7	
Nonpriority Creditor's Name PO Box 847116	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Dallas TX 75284-7116		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Services Rendered	
Is the claim subject to offset? ✓ No		
✓ No ☐ Yes ☐ Yes ✓ No ☐ Yes ✓ No ☐ No		
4.41		\$552.12
Transworld Systems, Inc Nonpriority Creditor's Name	_ Last 4 digits of account number 2 8 4 2	
507 Prudential Rd.	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_	
	Disputed	
Horsham PA 19044 City State ZIP Code	Time of NONDRIORITY and a state of	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	✓ Other. Specify Collecting for White Knight Post Control	
Is the claim subject to offset?	Collecting for -White Knight Pest Control	
✓ No Yes		
□		

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Debtor 1

Christopher First Name Lance Roberts Middle Name Last Name

Same Antonio TX 78.65 Type of NonPRIORITY unsecured claim: Student loans of the debtors and another Type of NonPRIORITY unsecured claim: Student loans of the debtor offset? Type of NonPRIORITY unsecured claim: Student loans of the debtor and pebtor 2 only Debtor 1 and Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 6 only Debtor 7 only Debtor 6 only Debtor 7 only Debtor 1 only Debtor 2 on	Part 2: Your NONPRIORITY Unsecu		
United Collection Bureau, Inc Last 4 digits of account number 7 7 4 6 When was the debt incurred? Short Poor Poor Poor Poor Poor Poor Poor P	After listing any entries on this page, number th previous page.	em sequentially from the	Total claim
When was the debt incurred? As of the date you file, the claim is: Check all that apply. Confingent Uniquidated Check one. Check if this claim is for a community debt Check one. Confingent Check one. Check	4.42		\$387.38
Size Substitute 206 As of the date you file, the claim is: Check all that apply. Contingent Uniquidated Disputed	United Collection Bureau, Inc	Last 4 digits of account number 7 7 4 6	
Number Sheet She		When was the debt incurred?	
Unliquidated Disputed Dispu			
Disputed		- Unition distant	
State ZiP Code Check one. Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 4 and Debtor 4 and Debtor 5 and another Check if this claim is for a community debt is the claim subject to offset? When was the debt incurred? 2/2011 As of the date you file, the claim is: Check all that apply. Contingent Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Check if this claim is for a community debt is the claim subject to offset? When was the debt incurred? 12/2011 As of the date you file, the claim is: Check all that apply. Contingent Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Check one. Debtor 1 and Debtor 3 only Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor			
Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No No Yes 4.43 Usaa Savings Bank Norpromy Creditor's Name Po Box 47504 Number Street Annatonio TX 78265 Sing Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only Moles Fargo Bank Card Norpromy Creditor's Name Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only No Yes At least one of the debtors and another Who incurred the debt? Who incurred the debtor and another Who incurred the debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Who incurred the debtor Check one. Des Monies Des Mo		Type of NONDRIODITY unsecured claim:	
Debtor 1 only	· ·	••	
Debtor 1 and Debtor 2 only			
At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No			
Collecting for -Macys Collecting for -Macys	□		
Is the claim subject to offset? Nor N	Check if this claim is for a community debt	<u> </u>	
Ves	 Is the claim subject to offset?	,	
San Antonio TX 78265 City State ZiP Code Code Type of NONPRIORITY unsecured claims Credit Card	<u> </u>		
Usaa Savings Bank Nonpriority Creditor's Name PO Box 47504 Number Street When was the debt incurred? 12/2011 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 2 only Check if this claim is for a community debt is the claim subject to offset? When was the debt incurred? As of the date you file, the claim is: Check all that apply. Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other: Specify Credit Card \$1,165.00 \$1,165.00 Type of NONPRIORITY unsecured claim: When was the debt incurred? Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other: Specify Credit Card \$1,165.00 Type of NONPRIORITY unsecured claim: Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Unliquidated Disputed Type of NONPRIORITY unsecured claim: Unliquidated Disputed Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Unliquidated Disputed Type of NONPRIORITY unsecured claim: Type of	Yes		
Last 4 digits of account number 6 7 7 8	4.43		\$3.073.00
When was the debt incurred? 12/2011	 Usaa Savings Bank	Last 4 digits of account number 6 7 7 8	
As of the date you file, the claim is: Check all that apply. Contingent Disputed	Nonpriority Creditor's Name	When was the debt incurred? 12/2011	
Unliquidated Disputed		As of the date you file, the claim is: Check all that apply.	
Disputed Disputed			
San Antonio TX 78265 City State ZIP Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 3 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ No Pres □ Yes 4.44 Wells Fargo Bank Card Vonpriority Creditor's Name MAC F82535-02F Number Street PO Box 10438 □ Des Moines □ State ZIP Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 3 only □ Debtor 3 only □ Debtor 4 only □ Debtor 4 only □ Debtor 5 only □ Debtor 5 only □ Debtor 5 only □ Debtor 5 only □ Debtor 6 only □ Debtor 9 only □ Debtor 9 only □ Debtor 9 only □ Debtor 1 only □ Debtor 9 only □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 3 only □ Debtor 4 only □ Debtor 4 only □ Debtor 5 only □ Debtor 5 only □ Debtor 6 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 3 only □ Debtor 4 only □ Debtor 4			
Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes 4.44 Wells Fargo Bank Card Nonpriority Creditor's Name MAC F82535-02F Number Street PO Box 10438 Des Moines IA 50306 City State ZIP Code Who incurred the debtor and another Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 5 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other. Specify Credit Card \$1,165.00 \$1,16			
□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ Check if this claim is for a community debt is the claim subject to offset? □ No □ Yes □ Yes □ Wells Fargo Bank Card □ Nonpriority Creditor's Name ■ MAC F82535-02F □ Number Street ■ PO Box 10438 □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 3 only □ Debtor 3 only □ Debtor 3 only □ Debtor 4 only □ Debtor 3 only □ Debtor 3 only □ Debtor 3 only □ Debtor 4 only □ Debtor 3 only □ Debtor 4 only □ Debtor 5 only □ Debtor 6 only □ Debtor 6 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 3 only □ Debtor 4 only □ Debtor 5 only □ Debtor 6 only □ Debtor 9 only □	-	••	
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? Check if this claim is for a community debt is the claim subject to offset? No Yes 4.44 Wells Fargo Bank Card Nonpriority Creditor's Name MAC F82535-02F Whomber Street PO Box 10438 Des Moines IA 50306 City State ZIP Code Who incurred the debt? Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Hat you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card \$1,165.00 \$1,165			
At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes 4.44 Wells Fargo Bank Card Nonpriority Creditor's Name MAC F82535-02F Whomber Street PO Box 10438 Des Moines IA 50306 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another At least one of the debtors and another Debtor 1 and Debtor 2 only At least one of the debtors and another At least one of the debtors and another Who was the debt incurred? Debtor 1 only Debtor 2 only At least one of the debtors and another Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Other: Specify Credit Card \$1,165.00 \$1,165.			
Check if this claim is for a community debt is the claim subject to offset? No Yes 4.44 Wells Fargo Bank Card Nonpriority Creditor's Name MAC F8253-02F Number Street PO Box 10438 Des Moines City State ZIP Code Who incurred the debt? Check one. Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Name Card As a digits of account number 4 9 7 1 When was the debt incurred? 05/2014 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Volter. Specify			
St the claim subject to offset? No			
No Yes		Credit Card	
Yes 4.44 \$1,165.00			
Wells Fargo Bank Card Nonpriority Creditor's Name MAC F82535-02F Number Street PO Box 10438 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another As 4 digits of account number 4 9 7 1 When was the debt incurred? 05/2014 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify			
Wells Fargo Bank Card Nonpriority Creditor's Name MAC F82535-02F Number Street PO Box 10438 Des Moines IA 50306 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another As 4 digits of account number 4 9 7 1 When was the debt incurred? 05/2014 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	4.44		¢4.465.00
When was the debt incurred? 05/2014 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 and Debtor 2 only At least one of the debtors and another When was the debt incurred? 05/2014 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify		Last 4 digits of account number 4 9 7 1	<u> </u>
As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 and Debtor 2 only At least one of the debtors and another As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	Nonpriority Creditor's Name		
Des Moines IA 50306 Unliquidated Disputed Disputed Disputed Disputed Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Check one. Check one. Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another At least one of the debtors and another Debtor 2 only Other. Specify Contingent Unliquidated Disputed Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Other. Specify Other Specify Other Specify Other Specify Other Specific Other Oth			
Des Moines IA 50306 City State ZIP Code Who incurred the debt? Check one. Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	PO Box 10438		
Des Moines IA 50306 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify			
Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	Des Moines IA 50306	Disputed	
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	· ·	Type of NONPRIORITY unsecured claim:	
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement of divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify			
Debtor 1 and Debtor 2 only At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Other. Specify			
At least one of the debtors and another Other. Specify	—		
	Check if this claim is for a community debt	Credit Card	
	Is the claim subject to offset? ☑ No		
	Yes		

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Debtor 1 Christopher Lance Roberts Case number (if known) 16-34006
First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Capital One			On which entry in Part 1 or Part 2 did you list the original creditor?
Name PO Box 30285			Line of (Check one):
Number Street			Credit Card Part 2: Creditors with Nonpriority Unsecured Claims
PO Box 62180			
			Last 4 digits of account number 2 4 9 6
Salt Lake City City	UT State	84130 ZIP Code	
In collections/Allian		ZIP Code	
in conections/Aman	ice One		
Internal Revenue Se	ervice		On which entry in Part 1 or Part 2 did you list the original creditor?
Name PO Box 7346			Line of (Check one):
Number Street			· · · · · · · · · · · · · · · · ·
			Part 2: Creditors with Nonpriority Unsecured Claims
			Last 4 digits of account number
Philadeplphia	PA	19101-7346	<u> </u>
City	State	ZIP Code	
Kohls/Capital One			On which entry in Part 1 or Part 2 did you list the original creditor?
Name PO Box 3120			Line of (Check one):
Number Street			Charge Assessment
			Part 2: Creditors with Nonpriority Unsecured Claims
			— Last 4 digits of account number 2 3 7 5
Milwaukee	WI	53201	
City	State	ZIP Code	
In collections/Merci			
In collections/North	liana Group)	
McCarthyBurgess&	Wolff		On which entry in Part 1 or Part 2 did you list the original creditor?
Name			Line of (Check one):
26000 Cannon Rd. Number Street			Only attended to the Constitution of the Const
			Part 2: Creditors with Nonpriority Unsecured Claims First Bridgestone
			— Last 4 digits of account number <u>2 1 3 3</u>
Cleveland	ОН	44146	
City	State	ZIP Code	
530054217			
Merchants & Medic	al Credit Co	orn	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	ar orcant or	51 p	_
6324 Taylor Drive Number Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
			Collecting for -Capital — One Kohl's Part 2: Creditors with Nonpriority Unsecured Claims
Flint	МІ	48507-4685	— Last 4 digits of account number <u>2</u> <u>5</u> <u>7</u> <u>8</u>
City	State	ZIP Code	_

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Debtor 1 Christopher Lance Roberts Case number (if known) 16-34006
First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed Continuation Page			
Synchrony Bank/PayPal Cr Name PO Box 965064 Number Street		On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Credit Card Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 4 5 0 2	
Orlando City	FL 32896 State ZIP Code	<u> </u>	
,	GS Financial Care, Inc		
Visa Dept Store	National Bank	On which entry in Part 1 or Part 2 did you list the original creditor?	
Attn: Bankruptcy	У	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims	
Number Street PO Box 8053		Charge Account Part 2: Creditors with Nonpriority Unsecured Claims	
Mason City	OH 45040 State ZIP Code	Last 4 digits of account number 3 9 5 0	
•	nited Collection Bureau, Inc		
White Knight Pe	st Control	On which entry in Part 1 or Part 2 did you list the original creditor?	
Name 1900 FM 967 Sui	te A	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims	
Number Street		Services Rendered Part 2: Creditors with Nonpriority Unsecured Claims	
Buda	TX 78610	Last 4 digits of account number 0 4 1 8	
City	State ZIP Code		

In collections/Transworld Systems Inc

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Debtor 1 Christopher Lance Roberts Case number (if known) 16-34006
First Name Middle Name Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a. \$0.00
	6b.	Taxes and certain other debts you owe the government	6b. \$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c. \$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	^{6d.} +\$1,825.00
	6e.	Total. Add lines 6a through 6d.	6d. \$1,825.00
			Total claim
Total claims from Part 2	6f.	Student loans	6f. \$9,859.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h. \$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$68,735.78

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Fill in this i	nformation to ide	entify your case	t .	
Debtor 1	Christopher First Name	Lance Middle Name	Roberts Last Name	
Debtor 2	Jordan	Gabrielle	Greene	
	g) First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for t	he: SOUTHERN D	ISTRICT OF TEXAS	
Case number	16-34006			Г
(if known)				_

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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Fill in this inf	ormation to ide	ntify your case	:		
Debtor 1	Christopher First Name	Lance Middle Name	Roberts Last Name		
Debtor 2	Jordan	Gabrielle	Greene		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for th	ne: SOUTHERN D	ISTRICT OF TEXAS		
Case number	16-34006				Check if this is an
(if known)					amended filing
				J	3

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

		Spring City	TX State	77386 ZIP Code	
		- Street			
		30306 Emerson Cr	eek Dr.		
		, ,	mer spouse, or legal equivalent		
		Jordan Gabrielle G			
		In which community st	ate or territory did you live?	Texas	Fill in the name and current address of that person
	$\overline{\mathbf{V}}$	Yes			
		No			
	▼ Yes		ner spouse, or legal equivalen	t live with you at t	tne time?
	ш	Go to line 3.			
			, , , , , , , , , , , , , , , , , , , ,	,	, , , , , , , , , , , , , , , , , , , ,
2.		• •	• • • •	•	erritory? (Community property states and territories to, Texas, Washington, and Wisconsin.)
	Yes				
1.	Do you h ✓ No	nave any codebtors?	(If you are filing a joint case,	do not list either	r spouse as a codebtor.)

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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Fill in this inform	nation to identify	y your case:			
Debtor 1	Christopher	Lance	Roberts		
	First Name	Middle Name	Last Name	Che	ck if this is:
Debtor 2	Jordan	Gabrielle	Greene		An amended filing
(Spouse, if filing)	First Name	Middle Name	Last Name	— □	An amended ming
United States Bank	ruptcy Court for the:	SOUTHERN DIS	STRICT OF TEXAS	🗆	A supplement showing postpetition chapter 13 income as of the following date:
Case number	16-34006				onapter to income as of the following date.
(if known)					MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:	Describe	Employ	mont
ганы.	Describe		AIIIGIIL

1.	Fill in your employment information.		Debtor 1			Debtor 2 or non	-filing spou	se
	If you have more than one job, attach a separate page with information about	Employment status	✓ Employed☐ Not employed	ed		✓ Employed☐ Not employ	ed	
	additional employers.	Occupation	Account Mana	iger		Clerical		
	Include part-time, seasonal, or self-employed work.	Employer's name	Reliance Indu	strial Prod	ucts	All the Marble	s, Inc.	
	Occupation may include student or homemaker, if it applies.	Employer's address	4111 Kreinhop Number Street	Road		7700 Renwick Number Street	Dr., Ste 4	Α
			Spring	тх	77388	Houston	тх	77081
			City	State	Zip Code	City	State	Zip Code
		How long employed the	here? <u>1 year</u>		_	August 2	2016	_

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

			For Debtor 1	For Debtor 2 or non-filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$5,677.90	\$0.00
3.	Estimate and list monthly overtime pay.	3. +	\$891.34	\$0.00
4.	Calculate gross income. Add line 2 + line 3.	4.	\$6,569.24	\$0.00

Deb	tor 1	Christopher	Lance	Roberts		Case nu	umber	(if known) 16	-3400	6
		First Name	Middle Name	Last Name						
					F6	or Debtor 1		or Debtor 2 or on-filing spouse	<u> </u>	
	Сор	y line 4 here		····· →	4.	\$6,569.24		\$0.00		
5.	List	all payroll ded	ductions:		•	<u> </u>	-			
			e, and Social Security de	eductions	5a.	\$1,083.59		\$0.00		
			ontributions for retireme		5b.	\$0.00	-	\$0.00		
		-	ntributions for retiremen	•	5c.	\$0.00	-	\$0.00		
		-	ayments of retirement fu		5d.	\$0.00	-	\$0.00		
		Insurance	ayments of retirement it	ind loans	5e.	\$100.45	-	\$0.00		
			mant ablimations		•	\$0.00	-	\$0.00		
	5f.		pport obligations		5f.		-			
	5g.	Union dues			5g.	\$0.00	-	\$0.00		
	5h.	Other deduct Specify:	ions.		5h. +	\$0.00	-	\$0.00		
6.		t he payroll de 5h.	eductions. Add lines 5a	a + 5b + 5c + 5d + 5e + 5f +	6.	\$1,184.04	-	\$0.00		
7.	Cald	culate total mo	nthly take-home pay.	Subtract line 6 from line 4.	7.	\$5,385.20		\$0.00		
8.	List	all other incor	me regularly received:		•	, -,	-	•		
٥.			om rental property and	from operating a	8a.	\$0.00		\$0.00		
	va.	business, pro	ofession, or farm		oa.	φυ.υυ_	-	φυ.υυ		
		gross receipts	ment for each property an , ordinary and necessary nly net income.	•						
	06	Interest and o	lividondo		8b.	¢0.00		¢0.00		
				filing analysis and	•	\$0.00	-	\$0.00		
	ðC.	dependent re	ort payments that you, a gularly receive		8c	\$0.00	-	\$0.00		
			ny, spousal support, child ment, and property settlen							
	8d.	Unemployme	nt compensation		8d.	\$0.00		\$0.00		
	8e.	Social Securi	ty		8e.	\$0.00	-	\$0.00		
	8f.	Include cash a	ment assistance that yo assistance and the value (ce that you receive, such or the Supplemental Nutrit	(if known) or any non- as food stamps	-		-			
		Specify:	osidios.		8f.	¢0.00		¢0.00		
	_	·				\$0.00	-	\$0.00		
	8g.		tirement income		8g.	\$0.00	-	\$0.00		
	8h.	Other monthl			Oh -	04 000 00		4500.00		
			nily Contribution / 109		_ ^{8h.} + _	\$1,000.00	1 F	\$500.00	1	
9.	Add	an other inco	me. Add illies 8a + 8b +	8c + 8d + 8e + 8f + 8g + 8h.	9.	\$1,000.00] <u> </u> -	\$500.00] 1 —	
10.	Cald Add	culate monthly the entries in li	income. Add line 7 + line 10 for Debtor 1 and De	ne 9. ebtor 2 or non-filing spouse.	10.	\$6,385.20	+ _	\$500.00]=[_	\$6,885.20
11.	Inclu		ns from an unmarried part	expenses that you list in S ner, members of your househ			our roo	mmates, and ot	her	
	Do r	not include any	amounts already included	d in lines 2-10 or amounts tha	t are not	available to pay	expe	nses listed in Sc	hedule	∍ J.
	_		·					11.		\$0.00
	Spe	Спу.							` <i>_=</i>	
12.	inco	me. Write that		10 to the amount in line 11. of Your Assets and Liabilities						\$6,885.20 embined
12		applies.	increase or decrease ····	thin the year after you file t	hie form	2				onthly income
13.				ann the year after you me t	01111					
		No. Yes. Explain:	None.							
			l							

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i	ill in this inform	nation to identif	y your case:			Check if this	e ie:	
	Debtor 1	Christopher First Name	Lance Middle Name	Robe Last Na		An am	ended filing plement showing	
	Debtor 2 (Spouse, if filing)	Jordan First Name	Gabrielle Middle Name	Gree Last Na			er 13 expenses a ng date:	s of the
	United States Bankr Case number	uptcy Court for the: 16-34006	SOUTHERN DIS	STRICT O	F TEXAS	MM / E	DD / YYYY	_
	(if known)	.C.I]		
	fficial Form 10	 "	_					4044
Be co na	rrect information. If me and case number	ccurate as possible f more space is ne er (if known). Ansv	e. If two married po eded, attach anothe wer every question	er sheet to	ing together, both ar this form. On the top			
ŀ		be Your House	noia					
2.	_ No	e 2. ebtor 2 live in a sets. Debtor 2 must file endents?	e Parate household? The Official Form 106Journ The No Yes. Fill out this infusion for each dependent	-2, Expense formation	s for Separate Housel Dependent's relati Debtor 1 or Debtor	onship to	2. Dependent's age	Does dependent live with you?
	Debtor 2.		for each dependent		Daughter	_	4	□ No
	Do not state the de names.	ependents'			Son		3	-
3.	Do your expenses expenses of peop yourself and you	ole other than dependents?	✓ No □ Yes					□ No - □ Yes
i	Part 2: Estima	te Your Ongoi	ng Monthly Exp	enses				
to	•	of a date after the		-	re using this form as supplemental Sche		•	
	clude expenses paid ch assistance and h		-	-			Your expens	es
4.			nses for your resid				4.	\$1,251.00
	If not included in	line 4:						
	4a. Real estate ta	axes					4a	
	4b. Property, hon	neowner's, or renter	's insurance				4b	
	4c. Home mainte	nance, repair, and ι	upkeep expenses				4c	
	4d. Homeowner's	association or con	dominium dues				4d	\$82.50

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Debtor 1 Christopher Lance Roberts Case number (if known) 16-34006
First Name Middle Name Last Name

		Your expe	nses
5.	Additional mortgage payments for your residence, such as home equity loans	5	
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a.	\$250.00
	6b. Water, sewer, garbage collection	6b.	\$75.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$205.00
	6d. Other. Specify:	6d.	
7.	Food and housekeeping supplies		\$700.00
8.	Childcare and children's education costs	8.	\$60.00
9.	Clothing, laundry, and dry cleaning	9.	\$50.00
10.		10.	
11.		11.	\$50.00
		12.	•
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$300.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$100.00
14.	Charitable contributions and religious donations	14	
15.	Insurance.		
	Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a	\$67.33
	15b. Health insurance	15b	
	15c. Vehicle insurance	15c	\$247.96
	15d. Other insurance. Specify:	15d	
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 1099 Income Estimated Tax	16.	\$75.00
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a	
	17b. Car payments for Vehicle 2	17b	
	17c. Other. Specify:	17c	
	17d. Other. Specify:	17d	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	40	
19.	Other payments you make to support others who do not live with you. Specify:	19.	
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
	20a. Mortgages on other property	20a	\$747.38
	20b. Real estate taxes	20b	
	20c. Property, homeowner's, or renter's insurance	20c.	\$234.89
	20d. Maintenance, repair, and upkeep expenses	20d.	
	20e. Homeowner's association or condominium dues	20e.	

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Deb		Christopher	Lance	Roberts	_ Case number (if known) <u>16-34006</u>
		First Name	Middle Name	Last Name		
21.	Othe	er. Specify: Yard Car	e		21. +	\$100.00
22.	Calc	ulate your monthly exp	enses.		_	
	22a.	Add lines 4 through 21			22a.	\$4,596.06
	22b.	Copy line 22 (monthly	expenses for Deb	otor 2), if any, from Official Form 106J-	2. 22b.	
	22c.	Add line 22a and 22b.	The result is you	r monthly expenses.	22c.	\$4,596.06
23.	Calc	ulate your monthly net	income.			
	23a.	Copy line 12 (your con	nbined monthly in	come) from Schedule I.	23a.	\$6,885.20
	23b.	Copy your monthly exp	enses from line 2	22c above.	23b. _	\$4,596.06
	23c.	Subtract your monthly The result is your mon		our monthly income.	23c.	\$2,289.14
24.	Do y	ou expect an increase	or decrease in y	our expenses within the year after y	ou file this form?	
				r your car loan within the year or do you modification to the terms of your mort	. ,	
	$\overline{\mathbf{Q}}$	No				
		Yes. Explain here:				

Case 16-34006 Document 17 Filed in TXSB on 08/24/16 Page 44 of 71

Fill in this information to identify your case:						
Debtor 1	Christopher First Name	Lance Middle Name	Roberts Last Name			
Debtor 2 (Spouse, if filing)	Jordan First Name	Gabrielle Middle Name	Greene Last Name			
United States Bar	nkruptcy Court for the	SOUTHERN DIST	RICT OF TEXAS			
Case number (if known) 16-34006						

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

P	art 1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$275,520.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$73,382.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$348,902.00
P	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$302,144.50
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$1,825.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$78,594.78
	Your total liabilities	\$382,564.28
P	art 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$6,885.20
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$4,596.06

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Debtor 1 Christopher Lance Roberts Case num First Name Middle Name Last Name				Case number	(if known) _	16-34006		
Pá	art 4:	Answer These	Questions for	Administrative and	Statistical Record	s		
6.	Are yo	u filing for bankrupte	cy under Chapters	s 7, 11, or 13?				
	□ No	· ·	o report on this par	rt of the form. Check this b	oox and submit this form	to the court	with your other so	hedules.
7.	What k	ind of debt do you h	ave?					
		•	•	t s. Consumer debts are th § 101(8). Fill out lines 8-9	,			
		our debts are not pri is form to the court wi		debts. You have nothing t lules.	o report on this part of t	he form. Che	eck this box and s	ubmit
8.			•	Income: Copy your total Line 11; OR, Form 122C-1	•	from		\$7,569.24
9.	Copy t	he following special	categories of clai	ms from Part 4, line 6 of	Schedule E/F:			
						Total claim		
	From F	Part 4 on Schedule E	F, copy the follow	wing:				
	9a. D	omestic support obliga	ations. (Copy line 6	6a.)			\$0.00	
	9b. Ta	axes and certain other	debts you owe the	government. (Copy line 6	6b.)		\$0.00	
	9c. Cl	aims for death or pers	sonal injury while yo	ou were intoxicated. (Copy	/ line 6c.)		\$0.00	
	9d. St	udent loans. (Copy li	ne 6f.)			\$9	,859.00	
		bligations arising out of iority claims. (Copy li		eement or divorce that you	did not report as		\$0.00	

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

9g. Total. Add lines 9a through 9f.

\$0.00

\$9,859.00

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Fill in this inf					
Debtor 1	Christopher	Lance	Roberts		
Debtor 2	First Name Jordan	Middle Name Gabrielle	Last Name Greene		
(Spouse, if filing)		Middle Name	Last Name	_	
United States Bar	nkruptcy Court for t	he: SOUTHERN D	ISTRICT OF TEXAS	_	
Case number (if known)	16-34006				☐ Check
(II KIIOWII)					amend

Official Form 106Dec

MM / DD / YYYY

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is N	OT an attorney to help you fill out bankruptcy forms?
☑ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have retrue and correct.	ead the summary and schedules filed with this declaration and that they are
X /s/ Christopher Lance Roberts Christopher Lance Roberts, Debtor 1	X /s/ Jordan Gabrielle Greene Jordan Gabrielle Greene, Debtor 2
Date 08/24/2016	Date 08/24/2016

MM / DD / YYYY

3	ill in this inf	ormation to ide	ntify your	case:			
	ebtor 1	Christopher	Lance	Roberts			
		First Name	Middle Name				
	ebtor 2 Spouse, if filing)	Jordan First Name	Gabrielle Middle Name				
U	nited States Bai	nkruptcy Court for th	e: SOUTHE	RN DISTRICT OF TE	EXAS		
	ase number [·] known)	16-34006			_	Check if this amended fil	
<u>Of</u>	ficial Form	107					
St	atement o	f Financial A	ffairs for	Individuals Fi	ling for Bankr	uptcy	04/16
you	rect informatiour name and ca	n. If more space is se number (if know	needed, atta n). Answer	nch a separate sheet t	o this form. On the	e equally responsible for si top of any additional pages defore	
1.	What is your ✓ Married ✓ Not marrie	current marital stat	tus?				
2.	☑ No		-	nere other than where		ow.	
3.	(Community p					nity property state or territo vada, New Mexico, Puerto Ri	-
	☐ No ☑ Yes. Mak	e sure you fill out So	chedule H: Yo	our Codebtors (Official I	Form 106H).		
Р	art 2: Ex	olain the Source	es of Your	Income			
4.	Fill in the total	amount of income y	ou received f	or from operating a burn all jobs and all buste that you receive toge	sinesses, including pa		endar years?
	□ No ▼ Yes. Fill i	n the details.					
			De	ebtor 1		Debtor 2	
				rces of income ck all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
	-	f the current year u for bankruptcy:	لنا	Wages, commissions, bonuses, tips	\$44,886.62	Wages, commissions, bonuses, tips	
				Operating a business		Operating a business	
	the last calend	•		Wages, commissions, bonuses, tips	\$77,442.20	Wages, commissions, bonuses, tips	\$20,512.80
(Ja	nuary 1 to Dece	mber 31, 2015) YYYY		Operating a business		Operating a business	
	-	ear before that:	لنا	Wages, commissions, bonuses, tips	\$82,462.73	Wages, commissions, bonuses, tips	\$43,013.58
(Ja	nuary 1 to Dece	mber 31, 2014)		Operating a business		☐ Operating a business	

Case 16-34006 Document 17 Filed in TXSB on 08/24/16 Page 48 of 71

Deb	otor 1	Christopher	Lance	Roberts	Case nu	mber (if known)16-340	006
		First Name	Middle Name	Last Name			
5.	Includ unempand gand Debto List ea	e income regardless ployment; and other ambling and lottery w r 1. ach source and the g	of whether that i public benefit pay vinnings. If you a pross income fron	this year or the two previnceme is taxable. Example yments; pensions; rental incare in a joint case and you have each source separately.	es of other income are come; interest; divider ave income that you r	alimony; child support; S nds; money collected from ecceived together, list it or	lawsuits; royalties;
				Debtor 1		Debtor 2	
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions
		ary 1 of the current ou filed for bankrup	•				
		at calendar year: to December 31, 2		Pension and Annuities	\$9,978.00 —		
		lendar year before to December 31, 2	014)				

Christopher First Name Lance **Roberts** Case number (if known) 16-34006 Debtor 1 Middle Name Last Name

Part 3:	List Certain Paym	nents You M	lade Before Y	ou Filed for Ba	nkruptcy	
6. Are eit	her Debtor 1's or Debtor	2's debts prin	narily consumer	debts?		
□ No	. Neither Debtor 1 nor "incurred by an individ					d in 11 U.S.C. § 101(8) as
	During the 90 days be	fore you filed for	or bankruptcy, did	d you pay any credit	or a total of \$6,425* or	or more?
	□ No. Go to line 7. □					
	total amount	you paid that c	reditor. Do not in	nclude payments for	nore in one or more p domestic support ob attorney for this bank	oligations, such as
	* Subject to adjustmen	nt on 4/01/19 a	nd every 3 years	after that for cases	filed on or after the d	ate of adjustment.
✓ Ye	s. Debtor 1 or Debtor 2	or both have j	primarily consur	mer debts.		
_	During the 90 days be	fore you filed for	or bankruptcy, did	d you pay any credit	or a total of \$600 or r	more?
	☐ No. Go to line 7.					
		not include pay	ments for domes		ons, such as child su	
			Dates of payment	Total amount paid	Amount you still owe	Was this payment for
Quickn Lo			6/30/2016	\$3,720.82	\$123,174.00	_ ☑ Mortgage
Creditor's nam			5/31/2016			☐ Car
	dward Ave reet		4/29/2016			☐ Credit card
						Loan repayment
						Suppliers or vendors
Detroit	MI	48226	_			Other
City	State	ZIP Code				
			Dates of payment	Total amount paid	Amount you still owe	Was this payment for
Ditech Fin	ancial Llc		4/30/2016	\$2,242.14	\$66,751.00	Mortgage
Creditor's nam			5/30/2016			Car
	sota St Ste 610		6/30/2016			Credit card
Number St	reet					Loan repayment
			<u>—</u>			Suppliers or vendors
Saint Paul City	MN State	55101 ZIP Code				Other Investment Property
Oky	State	Zii Godo	Dates of payment	Total amount paid	Amount you still owe	Was this payment for
	Consumer USA/Chry	sler Capital	5/23/2016	\$1,176.00	\$59,599.00	☐ Mortgage
Creditor's nam			<u> </u>			_ ☑ Car
PO Box 96						Credit card
Number St	reet					Loan repayment
						Suppliers or vendors

Fort Worth City

TX

State

76161

ZIP Code

Other

Case 16-34006 Document 17 Filed in TXSB on 08/24/16 Page 50 of 71 Christopher Lance Roberts Case number (if known) _16-34006 Debtor 1 First Name Middle Name Last Name Amount you Was this payment for... Dates of Total amount payment paid still owe **Ford Motor Credit** 4/14/2016 \$1,073.00 \$51,269.00 Mortgage Creditor's name Car \square PO Box 62180 Credit card Number Loan repayment Suppliers or vendors **Colorado Springs** CO 80962 Other ZIP Code Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony. **☑** No Tyes. List all payments to an insider. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments that benefited an insider. Identify Legal Actions, Repossessions, and Foreclosures Part 4: Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. ☐ Yes. Fill in the details. 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Tyes. Fill in the information below. 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

☐ Yes

Yes. Fill in the details.

creditors, a court-appointed receiver, a custodian, or another official?

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of

Case 16-34006 Document 17 Filed in TXSB on 08/24/16 Page 51 of 71

Deb	otor 1	Christopher	Lance	Roberts	Case number (if known) 16-340	106
		First Name	Middle Name	Last Name		
Р	art 5:	List Certain	Gifts and Co	ntributions		
13.	Within	2 years before yo	ou filed for bank	ruptcy, did you give any gift	s with a total value of more than \$600 per p	erson?
	✓ No ☐ Ye	s. Fill in the details	s for each gift.			
14.		2 years before yo charity?	ou filed for bank	ruptcy, did you give any gift	s or contributions with a total value of more	than \$600
	✓ No	s. Fill in the details	s for each gift or	contribution.		
Р	art 6:	List Certain	Losses			
15.		1 year before you lisaster, or gambl		uptcy or since you filed for b	pankruptcy, did you lose anything because	of theft, fire,
	▼ No □ Ye	s. Fill in the details	S.			
Р	art 7:	List Certain	Payments or	Transfers		
16.	Include	e you consulted a e any attorneys, bar	bout seeking bankruptcy petition	nkruptcy or preparing a bar	se acting on your behalf pay or transfer any nkruptcy petition? g agencies for services required for your bank	
	odland	s Bankruptcy, P	PC .	\$2000.00 attorney fees		
		rvas Paid K Ridge Dr., Suite	e 4	\$310.00 court filing fee	June 13, 20)16 \$1,000.00
		reet		_		
				_	<u>August 10, 2</u>	2016 \$1,310.00
The City	• Wood	lands tx State	77380 e ZIP Code	_		
,			-	_		
Ema	il or webs	ite address				
Pers	on Who N	Made the Payment, if N	Not You	_		
17.		•			se acting on your behalf pay or transfer any like payments to your creditors?	property to
	-	•		nt you listed on line 16.	no paymonto to your orountors:	
	✓ No	s. Fill in the details	S.			

Case 16-34006 Document 17 Filed in TXSB on 08/24/16 Page 52 of 71 Christopher Roberts Case number (if known) _16-34006 Debtor 1 Lance First Name Middle Name Last Name 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Yes. Fill in the details. 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) ☐ Yes. Fill in the details. Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. **☑** No Yes. Fill in the details. 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? **☑** No ☐ Yes. Fill in the details. 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? **№** No Yes. Fill in the details.

Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for,

Official Form 107

Part 9:

☑ No

or hold in trust for someone.

Yes. Fill in the details.

Case 16-34006 Document 17 Filed in TXSB on 08/24/16 Page 53 of 71

Deb	otor 1	Christopher	Lance	Roberts	Case number (if known) _	16-34006
Б	out 1	First Name	Middle Name	Last Name		
	art 1			mental Information		
For	the p	ourpose of Part 10, th	e following definiti	ons apply:		
ı	hazar	dous or toxic substa	nce, wastes, or ma	terial into the air, land, s	lation concerning pollution, contami soil, surface water, groundwater, or ostances, wastes, or material.	
		•		as defined under any er including disposal sites	nvironmental law, whether you now s.	own, operate, or
				ronmental law defines as ntaminant, or similar itel	s a hazardous waste, hazardous sub m.	estance, toxic
Rep	ort a	II notices, releases, a	and proceedings th	at you know about, rega	ardless of when they occurred.	
24.	Has law		nit notified you that	t you may be liable or po	otentially liable under or in violation	of an environmental
		No Yes. Fill in the details	s.			
25.			overnmental unit of	any release of hazardou	us material?	
		No Yes. Fill in the details	3 .			
26.	Hav orde		n any judicial or adr	ninistrative proceeding	under any environmental law? Inclu	ide settlements and
	لت	No Yes. Fill in the details	3.			
P	art 1	1: Give Details	About Your Bu	siness or Connection	ons to Any Business	
27.		nin 4 years before yo iness?	u filed for bankrupt	cy, did you own a busin	ness or have any of the following con	nections to any
		A member of a lin A partner in a pa An officer, directed	mited liability compa rtnership or, or managing exec	a trade, profession, or oth ny (LLC) or limited liability cutive of a corporation or equity securities of a c		
		No. None of the abov Yes. Check all that ap		rt 12. the details below for eac	h business.	
28.		nin 2 years before yo nancial institutions,	-		cial statement to anyone about your	business? Include
	_	No Yes. Fill in the details	s below.			

Case 16-34006 Document 17 Filed in TXSB on 08/24/16 Page 54 of 71

Debtor 1	Christopher	Lance	Roberts	Case number (if k	nown) _	16-34006
	First Name	Middle Name	Last Name			
Part 12	Sign Below					
that answer	ers are true and corre	ect. I understand t n with a bankruptc	hat making a fals	any attachments, and I declare ur se statement, concealing property, t in fines up to \$250,000, or imprise	or obta	ining money or
	istopher Lance Ro oher Lance Roberts, D 08/24/2016		Jordan Ga	an Gabrielle Greene abrielle Greene, Debtor 2 08/24/2016	_	
Did you at	ach additional pages	s to Your Statemer	nt of Financial Aff	fairs for Individuals Filing for Bank	ruptcy (Official Form 107)?
✓ No ☐ Yes						
Did you pa	y or agree to pay so	meone who is not	an attorney to he	elp you fill out bankruptcy forms?		
☑ No	lama of narron			Attach the	Poplerur	atou Potition Proporario Notico
☐ res. N	ame of person			Attach the	Darikiup	otcy Petition Preparer's Notice,

Declaration, and Signature (Official Form 119).

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF TEXAS HOUSTON DIVISION

IN RE: Christopher Lance Roberts
Jordan Gabrielle Greene

CASE NO 16-34006

Scheme Selected: State

CHAPTER 13

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
1.	Real property	\$275,520.00	\$191,276.50	\$84,243.50	\$63,294.50	\$20,949.00
3.	Motor vehicles (cars, etc.)	\$60,750.00	\$110,868.00	\$0.00	\$0.00	\$0.00
4.	Water/Aircraft, Motor Homes, Rec. veh. and access.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6.	Household goods and furnishings	\$1,810.00	\$0.00	\$1,810.00	\$1,810.00	\$0.00
7.	Electronics	\$2,700.00	\$0.00	\$2,700.00	\$2,700.00	\$0.00
8.	Collectibles of value	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9.	Equipment for sports and hobbies	\$1,000.00	\$0.00	\$1,000.00	\$1,000.00	\$0.00
10.	Firearms	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11.	Clothes	\$800.00	\$0.00	\$800.00	\$800.00	\$0.00
12.	Jewelry	\$6,000.00	\$0.00	\$6,000.00	\$6,000.00	\$0.00
13.	Non-farm animals	\$200.00	\$0.00	\$200.00	\$200.00	\$0.00
14.	Unlisted pers. and household itemsincl. health aids	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16.	Cash	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17.	Deposits of money	\$122.00	\$0.00	\$122.00	\$0.00	\$122.00
18.	Bonds, mutual funds or publicly traded stocks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19.	Non-pub. traded stock and int. in businesses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20.	Govt. and corp. bonds and other instruments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21.	Retirement or pension accounts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22.	Security deposits and prepayments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23.	Annuities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24.	Interests in an education IRA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25.	Trusts, equit. or future int. (not in line 1)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26.	Patents, copyrights, and other intellectual prop.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27.	Licenses, franchises, other general intangibles	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28.	Tax refunds owed to you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF TEXAS HOUSTON DIVISION

IN RE: Christopher Lance Roberts Jordan Gabrielle Greene

CASE NO 16-34006

Scheme Selected: State

CHAPTER 13

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet # 1

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
29.	Family support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30.	Other amounts someone owes you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31.	Interests in insurance policies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32.	Any int. in prop. due you from someone who has died	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33.	Claims vs. third parties, even if no demand	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
34.	Other contin. and unliq. claims of every nature	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
35.	Any financial assets you did not already list	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
38.	Accounts rec. or commissions you already earned	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39.	Office equipment, furnishings, and supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
40.	Mach., fixt., equip., bus. suppl., tools of trade	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
41.	Inventory	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
42.	Interests in partnerships or joint ventures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
43.	Customer and mailing lists, or other compilations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
44.	Any business-related property not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
47.	Farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
48.	Cropseither growing or harvested	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49.	Farm/fishing equip., impl., mach., fixt., tools	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
50.	Farm and fishing supplies, chemicals, and feed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
51.	Farm/commercial fishing-related prop. not listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
53.	Any other property of any kind not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	TOTALS:	\$348,902.00	\$302,144.50	\$96,875.50	\$75,804.50	\$21,071.00

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF TEXAS HOUSTON DIVISION

IN RE: Christopher Lance Roberts
Jordan Gabrielle Greene

CASE NO 16-34006

CHAPTER 13

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet #2

Surrendered Property:

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder.

Property Description Market Value Lien Equity

Real Property

(None)

Personal Property

(None)

TOTALS: \$0.00 \$0.00 \$0.00

Non-Exempt Property by Item:

The following property, or a portion thereof, is non-exempt.

Property Description	Market Value	Lien	Equity	Non-Exempt Amount
Troporty Decempor	market value		quity	Tron Exempt / unount
Real Property				
5734 Meadow Creek Lane	\$87,700.00	\$66,751.00	\$20,949.00	\$20,949.00
Personal Property				
Checking account	\$100.00		\$100.00	\$100.00
Other financial account	\$7.00		\$7.00	\$7.00
Other financial account	\$15.00		\$15.00	\$15.00
TOTALS:	\$87,822.00	\$66,751.00	\$21,071.00	\$21,071.00

Summary	
A. Gross Property Value (not including surrendered property)	\$348,902.00
B. Gross Property Value of Surrendered Property	\$0.00
C. Total Gross Property Value (A+B)	\$348,902.00
D. Gross Amount of Encumbrances (not including surrendered property)	\$302,144.50
E. Gross Amount of Encumbrances on Surrendered Property	\$0.00
F. Total Gross Encumbrances (D+E)	\$302,144.50
G. Total Equity (not including surrendered property) / (A-D)	\$96,875.50
H. Total Equity in surrendered items (B-E)	\$0.00
I. Total Equity (C-F)	\$96,875.50
J. Total Exemptions Claimed	\$75,804.50
K. Total Non-Exempt Property Remaining (G-J)	\$21,071.00

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Fill in this inf	ormation to iden	Check as directed in lines 17 and 21:		
Debtor 1	Christopher First Name	Lance Middle Name	Roberts Last Name	According to the calculations required by this Statement:
Debtor 2 (Spouse, if filing)		Gabrielle Middle Name	Greene Last Name	□ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). ☑ 2. Disposable income is determined
United States Ba Case number (if known)	nkruptcy Court for the	: <u>Southern Di</u>	STRICT OF TEXAS	under 11 U.S.C. § 1325(b)(3). ☐ 3. The commitment period is 3 years. ☐ 4. The commitment period is 5 years.
065 : 15	1000 1			Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A

Column B

		Debtor 1	Debtor 2 or non-filing spouse
2.	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$6,569.24	\$0.00
3.	Alimony and maintenance payments. Do not include payments from a spouse.	\$0.00	\$0.00
4.	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a	\$0.00	\$0.00

5. Net income from operating a business, profession, or farm

spouse. Do not include payments you listed on line 3.

	Debtor 1	Debtor 2			
Gross receipts (before all deductions)	\$0.00	\$0.00			
Ordinary and necessary operating	\$0.00	\$0.00			
expenses			Сору		
Net monthly income from a business profession, or farm	\$0.00	\$0.00	here →	\$0.00	\$0.00

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Deb	tor 1	Christopher First Name	Lance Middle Name	Robe		(Case number (if kı	nown) <u>16-34006</u>	
		i iist Name	Middle Name	Lastiv	ame		Column A Debtor 1	Column B Debtor 2 or non-filing spouse	3
6.	Net	income from rental a	nd other real pr	operty					
			Deb	tor 1	Debtor 2				
		ss receipts (before all uctions)		\$0.00	\$0.00				
		nary and necessary op enses	perating	\$0.00	\$0.00	Сору			
		monthly income from re	ental or	\$0.00	\$0.00	here →	\$0.00	\$0.00	
7.	Inte	rest, dividends, and re	oyalties				\$0.00	\$0.00	
8.	Une	mployment compens	ation				\$0.00	\$0.00	
		not enter the amount if efit under the Social Se							
	F	or you			\$0.0	00			
	F	or your spouse			50.0	00_			
) .		sion or retirement inc a benefit under the So		-	unt received that		\$0.00	\$0.00	
	or pa or in sepa	ount. Do not include an ayments received as a ternational or domestic arate page and put the nily Member Contril	victim of a war of terrorism. If ne total below.	crime, a crime	against humanity	,	\$1,000.00		
		ıl amounts from separa	ite pages if any						
11.	Cal d	culate your total avera	age monthly inc	ome.		·	\$7,569.24	+ \$0.00	= \$7,569.24
	rne	n add the total for Colu	mn A to the tota	i for Column B.					Total average monthly income
	rt 2								\$7,569.24
	-	y your total average r culate the marital adju	•						\$7,509.24
		You are not married. You are married and y You are married and y Fill in the amount of the of you or your depend than you or y	Fill in 0 below. your spouse is fill your spouse is no ne income listed lents, such as paindents. sis for excluding nal adjustments s not apply, ente	ing with you. If of filing with you in line 11, Columbia ayment of the state on a separate or 0 below.	u. umn B, that was I pouse's tax liabil ad the amount of page.	ity or the s	evoted to each pure	of someone other	- \$0.00
		ı o.aı					Сору	, nere -7	
14.	You	r current monthly inc	ome. Subtract t	the total in line	13 from line 12.				\$7,569.24

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Debtor 1	Christopher First Name	Lance Middle Name	Roberts Last Name	Case number (if known) 1	6-34006
15. Cal	culate your current m	nonthly income for	the year. Follow these ste	eps:	
15a	a. Copy line 14 here	→			\$7,569.24
		12 (the number of n			X 12
15b	o. The result is your c	urrent monthly incon	ne for the year for this part	of the form.	\$90,830.88
	•	·	plies to you. Follow these		
	a. Fill in the state in w		Tex		
16b	o. Fill in the number o	f people in your hou	sehold. 4		
160	To find a list of app	licable median incor		oldng the link specified in the separate nkruptcy clerk's office.	
17. Hov	w do the lines compa	re?			
17a	a. Line 15b is les	s than or equal to lir	ne 16c. On the top of page	e 1 of this form, check box 1, <i>Disposa</i>	ble income is not determined
		• (/(/		Calculation of Your Disposable Incom	,
17b	11 U.S.C. § 13	325(b)(3). Go to Par		orm, check box 2, <i>Disposable income</i> n of Your Disposable Income (Officion line 14 above.	
Part 3	Coloulete Ve	our Commitmen	t Period Under 11 U.	C C \$ 4225/b\/4\	
rait	Calculate 10	our Commitmen	renou onder 11 o.	3.C. § 1323(D)(4)	
18. Co _l	py your total average	monthly income from	om line 11		\$7,569.24
that		itment period under		oouse is not filing with you, and you co ws you to deduct part of your spouse'	
19a	a. If the marital adjust	ment does not apply	, fill in 0 on line 19a		\$0.00
19b	o. Subtract line 19a f	rom line 18.			\$7,569.24
20. Cal	culate your current m	nonthly income for	the year. Follow these ste	eps:	
20a	a. Copy line 19b				\$7,569.24
	Multiply by 12 (the	number of months in	ı a year).		X 12
20b	o. The result is your c	urrent monthly incon	ne for the year for this part	of the form.	\$90,830.88
200	c. Copy the median fa	mily income for you	r state and size of househo	old from line 16c.	\$72,698.00
21. Ho	w do the lines compa	re?			
	Line 20b is less than check box 3, <i>The con</i>		•	rt, on the top of page 1 of this form,	
		•	c. Unless otherwise ordere nt period is 5 years. Go to	d by the court, on the top of page 1 Part 4.	
Part 4	4: Sign Below				
Ву	signing here, under pe	nalty of perjury I dec	clare that the information on	n this statement and in any attachmen	ts is true and correct.
X	/s/ Christopher Lan	ce Roberts		X /s/ Jordan Gabrielle Greene	
	Christopher Lance Rob			Jordan Gabrielle Greene, Debtor 2	
	Date 8/24/2016			Date 8/24/2016	

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this information to identify your case:									
Debtor 1	Christopher First Name	Lance Middle Name	Roberts Last Name						
Debtor 2	Jordan	Gabrielle	Greene						
(Spouse, if filing)		Middle Name	Last Name						
United States Ba	nkruptcy Court for t	he: SOUTHERN D	DISTRICT OF TEXAS						
Case number	16-34006								
(if known)									

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/16

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

4

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$1,509.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age \$54.00 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 Copy \$216.00 \$216.00 7c. Subtotal. Multiply line 7a by line 7b. People who are 65 years of age or older \$130.00 7d. Out-of-pocket health care allowance per person 7e. Number of people who are 65 or older Copy \$0.00 Subtotal. Multiply line 7d by line 7e. \$0.00 here Copy \$216.00 here -\$216.00 Total. Add lines 7c and 7f.....

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ebto	r 1	Christopher First Name	Lance Middle Name	Roberts Last Name	Case number (if known) 16-34006				
Loca	al Sta	ındards	You must use the IRS Local	Standards to answer th	e questions in lines 8-15.				
			om the IRS, the U.S. Trustee into two parts:	Program has divided	the IRS Local Standard for housing				
		•	Insurance and operating Mortgage or rent expense	•					
the I	ink s		separate instructions for thi		To find the chart, go online using y also be available at the				
8.		-	s Insurance and operating nt listed for your county for in	=	number of people you entered in line 5, expenses.	\$637.00			
9.	Hou	sing and utilities	s Mortgage or rent expen	ses:					
		-	er of people you entered in li for mortgage or rent expense		ount listed \$1,494.00				
		Total average m your home.	onthly payment for all mortga	ages and other debts se	cured by				
	To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.								
		Name of the c	reditor	Average month payment	ly				
		Quickn Loans	3	\$1,250.00					
		9b. Total averaç	ge monthly payment	\$1,250.00	Copy here - \$1,250.00 Repeat this amount on line 33a.				
	9c.	Net mortgage or	rent expense.	-					
			(total average monthly paym f this number is less than \$0	, , ,	age or \$244.00 Copy here	\$244.00			
10.	_		U.S. Trustee Program's divulation of your monthly exp		Standard for housing is incorrect ional amount you claim.				
	Expl why:					_ _			
11.	Loca	al transportation	n expenses: Check the num	per of vehicles for which	n you claim an ownership or operating expense	.			
		0. Go to line 14.	•						
		1. Go to line 12. 2 or more. Go to							
12.	— Vehi	cle operation ex	cpense: Using the IRS Loca		nber of vehicles for which you claim the	\$562.00			
	oper	ating expenses,	till in the Operating Costs tha	t apply for your Census	region or metropolitan statistical area.				

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Debtor 1 Christopher Lance Roberts Case number (if known) 16-34006
First Name Middle Name Last Name

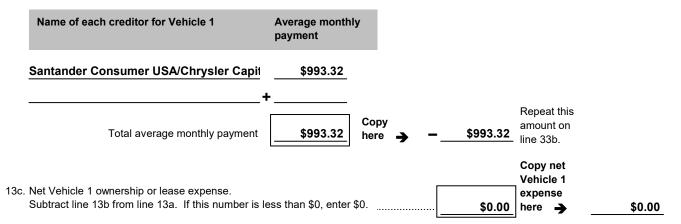
13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 Describe Vehicle 1: 2015 Dodge Ram (approx. 16000 miles)

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.



Vehicle 2 Describe Vehicle 2: 2013 Ford Flex LTD (approx. 42200 miles)

- 13d. Ownership or leasing costs using IRS Local Standard. \$471.00
- 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment	′			
Ford Motor Credit	\$854.48				
Total average monthly payment	\$854.48	Copy here	– \$854.48	Repeat this amount on line 33c.	
Net Vehicle 2 ownership or lease expense. Subtract line 13e from 13d. If this number is less to	han \$0, enter \$0.		\$0.00	Copy net Vehicle 2 expense here	\$0.0

- **14. Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation.
- **15.** Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for Public Transportation.

\$0.00

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Debto	r 1 Christopher First Name	Lance Middle Name	Roberts Last Name	Case number (if known) 16-34006					
Oth	er Necessary Expenses	In addition to following IRS	•	isted above, you are allowed your monthly expenses for	or the				
16.	16. Taxes: The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes.								
17.	union dues, and uniform	costs.		your job requires, such as retirement contributions, luntary 401(k) contributions or payroll savings.	\$0.00				
18.	filing together, include pa	ayments that you m s for life insurance	ake for your spouse's ter	wn term life insurance. If two married people are m life insurance. non-filing spouse's life insurance, or for any	\$0.00				
19.	Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.								
20.	 Education: The total monthly amount that you pay for education that is either required: ■ as a condition for your job, or ■ for your physically or mentally challenged dependent child if no public education is available for similar services. 								
21.			ou pay for childcare, suc y or secondary school ed	n as babysitting, daycare, nursery, and preschool. ucation.	\$0.00				
22.	2. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.								
23.	\$0.00 Stional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.								
24.	Add all of the expenses Add lines 6 through 23.	s allowed under th	e IRS expense allowand	ees.	\$4,251.59				
Add	itional Expense Deducti			allowed by the Means Test. e allowances listed in lines 6-24.					
25.		rance, and health s	_	nt expenses. The monthly expenses for health reasonably necessary for yourself, your					
	Health insurance		\$112.62						
	Disability insurance		\$0.00						
	Health savings account		+\$0.00						
	Total		\$112.62	Copy total here	\$112.62				
	Do you actually spend th	is total amount?							
	☐ No. How much do y ✓ Yes	you actually spend?							
26.	will continue to pay for the member of your household	ne reasonable and roold or member of yo	necessary care and suppo our immediate family who	bers. The actual monthly expenses that you out of an elderly, chronically ill, or disabled is unable to pay for such expenses. These E program. 26 U.S.C. § 529A(b).	\$0.00				
27.	safety of you and your fa	mily under the Fam		nthly expenses that you incur to maintain the and Services Act or other federal laws that apply.	\$0.00				

Case 16-34006 Document 17 Filed in TXSB on 08/24/16 Page 65 of 71 Debtor 1 Christopher Roberts Case number (if known) 16-34006 Lance First Name Middle Name Last Name 28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs. You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. 29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$0.00 \$160.42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. * Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment. 30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. You must show that the additional amount claimed is reasonable and necessary. 31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial \$0.00 instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4). Do not include any amount more than 15% of your gross monthly income. 32. Add all of the additional expense deductions. \$112.62 Add lines 25 though 31. **Deductions for Debt Payment** 33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Average monthly payment Mortgages on your home \$1,250.00 33a. Copy line 9b here..... Loans on your first two vehicles \$993.32 33b. Copy line 13b here..... \$854.48 33c. Copy line 13e here..... 33d List other secured debts Name of each creditor for Identify property that Does payment other secured debt secures the debt include taxes or insurance? No Yes

33e. Total average monthly payment. Add lines 33a through 33d......

■ No

☐ Yes

No Yes

\$3,097.80

Copy total

here

\$3,097.80

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Debto		iristopher It Name	Lance Middle Name	Roberts Last Name		Case r	number (if known)	16-34006	
34.	Are any o	debts that you lis	eted in line 33 sectort or the support	ured by your p	•	e, a vehiclo	e, or other prope	rty	
	□ No. ✓ Yes.	•	unt that you must payour property (calle	•				•	
Nan	ne of the c	reditor	Identify property		Total cure amount		Monthly cure amount		
						÷ 60 =			
						÷ 60 =			
						÷ 60 = 🚜			
						Total	\$0.00	Copy total	\$0.00
35.	-	that are past due	claimssuch as a e as of the filing d					•	
	☐ No. ✓ Yes.		amount of all of the ing priority claims,						
		Total amount of	f all past-due priori	y claims			\$1,825.00	÷ 60 =	\$30.42
36.	Projected	d monthly Chapte	er 13 plan paymen	t			\$1,998.11		
	Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).								
	specified		ipliers that includes structions for this f fice.		-		x6	%	
	Average r	monthly administr	ative expense				\$119.89	Copy total here	<u>\$119.89</u>
37.		f the deductions 33g through 36.	for debt payment						\$3,248.11
Tota	al Deduction	ons from Income)						
38.	Add all o	f the allowed dec	ductions.						
	Copy line	24, All of the exp	enses allowed und	der IRS expense	e allowances		\$4,251.59		
	Copy line	32, All of the add	ditional expense de	ductions			\$112.62		
	Copy line	37, All of the dec	ductions for debt pa	nyment		+	\$3,248.11		
	Total ded	uctions					\$7,612.32	Copy total here	\$7,612.32
Pai	rt 2:	Determine You	ır Disposable I	ncome Und	er 11 U.S.C. 8	3 1325(b)	(2)		
	Сору уог	ır total current m	onthly income fro	om line 14 of Fo	orm 122C-1, Cha	pter 13			\$7,569.24
			•						

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ebtor	r 1	Christopher	Lance	Roberts		Case nur	mber (if known)	16-3400)6	
		First Name	Middle Name	Last Name						
	The disab	monthly average of bility payments for a received in accorda	any child support pa dependent child, re	you receive for supp hyments, foster care p ported in Part 1 of For honbankruptcy law to ch child.	ayments, or rm 122C-1, that		n.			
	your plans	employer withheld f s, as specified in 11	rom wages as contri	The monthly total of butions for qualified rolus all required repay .C. § 362(b)(19).	etirement	-	\$0.00			
				J.S.C. § 707(b)(2)(A).		. -> _	\$7,612.32			
	expe circu	enses and you have imstances and their	no reasonable alterrexpenses. You mus	special circumstances native, describe the s st give your case trust d documentation for the	pecial tee a detailed	al				
	De	scribe the special	circumstances	Amount	of expense					
	_			+	\$0.00 Cop	•	\$0.00			
44.	Tota	ul adjustments. Ad	d lines 40 through 4	3		•	\$7,612.32	Copy here	→ -	\$7,612.32
45.	Calc	culate your monthly	disposable incom	e under § 1325(b)(2)	. Subtract line	44 from lir	ne 39.			(\$43.08)

Change in Income or Expenses

46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
122C-1 122C-2		-	-	Increase Decrease	
122C-1				Increase Decrease	
122C-1			-	Increase Decrease	
122C-1			-	Increase Decrease	

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MM / DD / YYYY

Debtor 1	Christopher First Name	ner Lance Roberts Middle Name Last Name		Case number (if known) <u>16-34006</u>
Part 4:	Sign Below			
By s	signing here, under pe	enalty of perjury you	declare that the inform	mation on this statement and in any attachments is true and correct.
	s/ Christopher Lar Christopher Lance Ro			X /s/ Jordan Gabrielle Greene Jordan Gabrielle Greene. Debtor 2
	Date 8/24/2016	,		Date 8/24/2016

MM / DD / YYYY

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Current Monthly Income Calculation Details

In re: Christopher Lance Roberts
Jordan Gabrielle Greene

Case Number: 16-34006

Chapter: 13

2. Gross wages, salary, tips, bonuses, overtime and commissions.

Debtor or Spouse's Income	Description (if available)					
	6	5	4	3	2	Last	Avg.
	Months Ago	Months Ago	Months Ago	Months Ago	Months Ago	Month	Per Month

<u>Debtor</u> <u>Reliance IndProducts/Applied Ind Tech</u>

\$6,569.23 \$6,280.78 \$8,988.48 \$5,992.32 \$5,992.32 \$5,592.30 **\$6,569.24**

10. Income from all other sources not listed above.

Debtor or Spouse's Income	Description (if available)					
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month

<u>Debtor</u> <u>Family Member Contribution</u>

\$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 **\$1,000.00**

13

Underlying Allowances (as of 08/10/2016)

In re: Christopher Lance Roberts Case Number: 16-34006 Jordan Gabrielle Greene Chapter:

Median Income Information					
State of Residence	Texas				
Household Size	4				
Median Income per Census Bureau Data	\$72,698.00				

National Standards: Food, Clothing, Household Supplies, Personal Care, and Miscellaneous					
Region	US				
Family Size	4				
Gross Monthly Income	\$7,569.24				
Income Level	Not Applicable				
Food	\$815.00				
Housekeeping Supplies	\$71.00				
Apparel and Services	\$227.00				
Personal Care Products and Services	\$74.00				
Miscellaneous	\$322.00				
Additional Allowance for Family Size Greater Than 4	\$0.00				
Total	\$1,509.00				

National Standards: Health Care (only applies to cases filed on or after 1/1/08)							
Household members under 65 years of age	Household members under 65 years of age						
Allowance per member \$54.00							
Number of members	4						
Subtotal	\$216.00						
Household members 65 years of age or older							
Allowance per member	\$130.00						
Number of members	0						
Subtotal \$0.00							
Total	\$216.00						

Local Standards: Housing and Utilities					
State Name	Texas				
County or City Name	Montgomery County				
Family Size	Family of 4				
Non-Mortgage Expenses	\$637.00				
Mortgage/Rent Expense Allowance	\$1,494.00				
Minus Average Monthly Payment for Debts Secured by Home	\$1,250.00				
Equals Net Mortgage/Rental Expense	\$244.00				
Housing and Utilities Adjustment	\$0.00				

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Underlying Allowances (as of 08/10/2016)

In re: Christopher Lance Roberts

Jordan Gabrielle Greene

Case Number: 16-34006
Chapter: 13

Lo	Local Standards: Transportation; Vehicle Operation/Public Transportation						
Transportation Region		Houston					
Number of Vehicles Opera	ted	2 or more					
Allowance		\$562.00					
Loc	al Standards: Transportation	on; Additional Publ	lic Transportation Expense				
Transportation Region		Houston					
Allowance (if entitled)		\$173.00					
Amount Claimed		\$0.00	\$0.00				
	Local Standards: Trans	portation; Owners	ition; Ownership/Lease Expense				
Transportation Region		Houston	Houston				
Number of Vehicles with O	wnership/Lease Expense	2 or more	2 or more				
	First Car	r	Second Car				
Allowance	\$471.00		\$471.00				
Minus Average Monthly Payment for Debts Secured by Vehicle	nent for Debts \$993.32		\$854.48				
Equals Net Ownership / Lease Expense \$0.00			\$0.00				